



# PERMIT APPLICATION FOR EXTENDED UNIT

**ADMINISTRATIVE INFORMATION** *(Please complete a separate application form for each unit/kiosk that operates from the same Base of Operation.)*

1. Please indicate whether this is a New Application or a Change of Ownership:

- New Application
- Change of Ownership

2. Name of Kiosk/Unit: \_\_\_\_\_

3. Kiosk/Unit Location: \_\_\_\_\_

4. Name of Base of Operation: \_\_\_\_\_

5. Base of Operation Owner: \_\_\_\_\_

6. Base of Operation Permit #: \_\_\_\_\_

7. Base of Operation Mailing Address: \_\_\_\_\_

8. Billing Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

9. Billing Address: \_\_\_\_\_

10. Billing Contact E-mail: \_\_\_\_\_

11. Business Ownership Type:  Individual  Corporation  Partnership  Association  LLC  Other

If Other please explain: \_\_\_\_\_

*If Association, Partnership, Corporation, LLC or Other, provide name, title, address and phone number of persons involved, including owners and officers.*

Name	Title	Address	Phone

Name	Title	Address	Phone



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## UNIT/KIOSK OPERATIONAL INFORMATION

1. Please answer the following based on operations performed on your kiosk/unit location (check all that apply):

Kiosk/Unit only serves packaged food that has been prepared at the permitted Base of Operation

Kiosk/Unit does not cook any raw animal foods; only reheats commercially precooked ingredients

Kiosk/Unit cooks raw animal foods

Kiosk/Unit serves raw or undercooked animal foods in a ready to eat form (steaks/burgers, sashimi, ceviche, eggs, etc.)

Other \_\_\_\_\_

2. Will any food be chopped, sliced, diced, or cooled on the kiosk/unit?  Yes  No  
If YES, please describe where and how this will happen on the kiosk/unit:

\_\_\_\_\_  
\_\_\_\_\_

3. Sinks in/on kiosk/unit:

a. Will each sink be supplied with hot and cold running water under pressure?  Yes  No

b. Number of handwashing sinks: \_\_\_\_\_ Dimensions: \_\_\_\_\_

c. Number of three-compartment sinks: \_\_\_\_\_ Dimensions: \_\_\_\_\_

d. Number of vegetable prep sinks: \_\_\_\_\_ Dimensions: \_\_\_\_\_

e. Number of meat prep sinks: \_\_\_\_\_ Dimensions: \_\_\_\_\_

4. Water Pump for kiosk/unit only (if applicable):

Make: \_\_\_\_\_ Model: \_\_\_\_\_ GPM: \_\_\_\_\_

5. Water Heater (select type):

Tank type: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Capacity: \_\_\_\_\_ BTU or KW \_\_\_\_\_

On-demand / Instantaneous: Flow Rate in GPM: \_\_\_\_\_

6. Freshwater Tank for kiosk/unit (if applicable):

a. Capacity/Volume: \_\_\_\_\_

b. Is the inner diameter of the water tank inlet three-fourths inch (19.1 mm) or less?  Yes  No

c. Is the water tank inlet provided with a hose connection of a size or type that will prevent its use for any other service?  Yes  No



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## UNIT/KIOSK OPERATIONAL INFORMATION Cont'd

7. Wastewater Tank for kiosk or unit (if applicable):
- a. Capacity/Volume (must be 15% larger than freshwater tank): \_\_\_\_\_
  - b. Is the wastewater tank sloped to a drain with an inner diameter that is at least 1 inch (25 mm)?  Yes  No
  - c. Is the drain equipped with a shut-off valve?  Yes  No
8. Please describe the method for removing the wastewater, and flushing and draining the waste retention tank at the Base of Operation (for kiosk or unit): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Power Supply for kiosk or unit (select all that apply):
- Generator:  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Fueltype: \_\_\_\_\_ Watts: \_\_\_\_\_
  - Electrical (power cord or existing electrical wiring at vending location)
  - Propane
  - Battery
10. How will Time/Temperature Control for Safety (TCS) foods be maintained at proper temperature while foods are being transported to the unit/kiosk? \_\_\_\_\_  
 \_\_\_\_\_
11. How will Time/Temperature Control for Safety (TCS) foods be protected from contamination sources while being transported to the unit/kiosk? \_\_\_\_\_  
 \_\_\_\_\_
12. Thermostatic Temperature Control of Food:
- a. Number of refrigeration units (thermometer required in warmest part of unit): \_\_\_\_\_
  - b. Number of freezer units (thermometer required in warmest part of unit): \_\_\_\_\_
  - c. Number and type of hot holding units (e.g., steamtables, heat lamps, etc.): \_\_\_\_\_
13. Please indicate the types and number of equipment used for cooking or reheating TCS foods on the unit/kiosk (check all that apply):
- Inside Grills: \_\_\_\_\_  Outside Grills (requires permanent overhead protection): \_\_\_\_\_
  - Smokers: \_\_\_\_\_  Stoves: \_\_\_\_\_  Ovens: \_\_\_\_\_  Fryers: \_\_\_\_\_
  - Other (explain): \_\_\_\_\_



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## DESIGN, CONSTRUCTION & MATERIALS

1. Please indicate the type of materials used (e.g., FRP, laminate, stainless steel, tile, etc.) in/on the kiosk/unit:

a. Floor: \_\_\_\_\_

b. Walls: \_\_\_\_\_

c. Ceiling (if applicable): \_\_\_\_\_

## REQUIRED DOCUMENTATION (Please enclose the following information with the application):

Menu

Detailed drawing (as close to-scale as possible) with all equipment clearly labeled

Manufacturer’s specification sheets for all equipment (cooking, cold holding, hot holding, freshwater & wastewater tanks, generator, etc.)

Original, notarized Verification of Residency with a copy of the supporting secure and verifiable document attached

Proof of compliance with all other applicable agencies (e.g. zoning, fire, etc.)

I attest that the information provided within this document is true and accurate. I agree to comply with the State of Georgia Rules and Regulations for Food Service Chapter 511-6-1. I understand that only the foods listed on the menu submitted with the Base of Operation plans may be prepared and served at this kiosk/unit/kitchen.

Name of Owner or Authorized Agent Title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR HEALTH DEPARTMENT USE ONLY – DO NOT WRITE BELOW THIS LINE

APPROVED BY: \_\_\_\_\_  
Printed Name Title Signature

DATE APPROVED: \_\_\_\_\_

EXTENDED FOOD UNIT PERMIT #: \_\_\_\_\_