



GDA:FSDLA:070920

GEORGIA DEPARTMENT OF AGRICULTURE - LICENSING DIVISION

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Gary W. Black
COMMISSIONER

FOOD SAFETY DIVISION LICENSE APPLICATION

LICENSES SOUGHT

(Check all that apply)

checkbox

FOOD SALES ESTABLISHMENT

checkbox

MOBILE VEHICLE

checkbox

WHOLESALE FISH DEALER

ESTABLISHMENT INFORMATION

Form with fields: Firm Name (Doing Business As), Water Source: Public or Well, Water Disposal: Sewer or Septic, Corporation Name (As Filed With the Secretary of State), Ownership: Individual, Partnership, Corporation, LLP, or LLC

PHYSICAL ADDRESS

Form with fields: Street Address, City, County, Zipcode

MAILING ADDRESS (If Different from PHYSICAL ADDRESS)

Form with fields: Street Address, City, State, Zipcode

PHONE & ADDITIONAL INFORMATION

Form with fields: Phone Number, Fax Number, Contact Number - Owner, Projected Opening Date, Construction: New or Existing

OWNER INFORMATION

Form with fields: Owner or Corporate Officer Name, Title

CO-OWNERS/PARTNERS/CORPORATE OFFICERS

Form with fields: Name, Title (repeated for multiple entries)

EMAIL ADDRESS (Valid Email Address Required for License Renewal)

Empty text field for email address

VEHICLE INFORMATION (For MOBILE VEHICLE, WHOLESALE FISH LICENSE, or ROLLING STORES (FOOD SALES) as applicable)

Form with fields: VIN Number, Tag - Number, Tag - State, Make, Model, Year

WHOLESALE FISH DEALERS*

Text area for listing fishery products with instructions: List all the fishery products your firm plans to wholesale, noting each item as either FRESH or FROZEN.

*A HACCP System that complies with state and federal regulations may be required for fishery products your firm produces or distributes. Please submit HACCP plans/forms to the Seafood Safety Office: By EMAIL: William.McCord@agr.georgia.gov or Via FAX: 404-463-6428

LICENSING INFORMATION

Table with columns: Type, Renewal Period, Fees, Verification of Lawful Presence. Rows include Food Sales License, Mobile Vehicle License, Wholesale Fish License.

PLEASE DO NOT SUBMIT PAYMENT WITH YOUR APPLICATION.

Approximately two (2) weeks after your licensing inspection you will receive an email with a link to pay your license fee electronically .

Form with fields: APPLICANT - PRINTED NAME, APPLICANT - TITLE, APPLICANT - SIGNATURE, APPLICATION DATE

DEPARTMENT USE ONLY

Form with fields: Sanit. ID #, FTC, Date Received, Check Date, Check Number, Amount Paid, License #