



Public Health
Prevent. Promote. Protect.

Forsyth County Environmental Health

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District 2, Public Health

Food Service Permit Application Addendum

Facility Info

Food Service Facility Name: _____

Application Type: New Existing Change of Owner/Name Renovation

Number of Seats in dining/patio area: _____ Facility Phone Number: _____

Facility Address: _____

Facility Email: _____

Water Type: County City Sewer: Public Sewer Septic

Owner Info

Business Owner Name (as it ^{Provide LLC or corporation name} appears on permit/business license): _____

Business Owner Phone Number: _____

Business Owner Address: _____

Billing Info

Billing Contact Name (annual invoices will be sent to this person): _____

Billing Contact Address: _____

Billing Contact Phone Number: _____

Authorized Agent Name (contact person/manager): _____

Authorized Agent Phone Number: _____

Authorized Agent Email: _____

Fee Schedule (based on seats in dining/patio areas)

Plan Review Fees:		Permit Fees (paid prior to initial inspection):	
0-50	\$150.00	0-25	\$200.00
51-100	\$200.00	26-50	\$250.00
101 and over	\$250.00	51 and above	\$300.00

Food Service Plan Review Revision fee is \$50.00

Owner Signature _____ Date _____