



Forsyth County Environmental Health

428 Canton Road • Cumming, Georgia 30040

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District 2, Public Health

Food Service Permit Application

Name of Facility: _____

Application Type: New Change of Owner / Name Renovation

Facility Type: Food Service Establishment Catering Operation Mobile Food Service

Number of Seats: _____ Phone Number: _____

Address of Facility: _____

Facility Phone number _____ Fax _____

Facility Owner's Name: _____

Facility Owner's Address: _____

Owners Phone (_____) _____

Hours of Operation: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Certified Food Safety Manager (CFSM) _____

Address: _____

CFSM Email _____

CFSM Phone _____

The undersigned hereby applies for a permit to operate a food service establishment pursuant to O.C.G.A. 26-2-371-373, et seq. and hereby attests to the accuracy of the information provided on this application and affirms to comply with the Rules and Regulations for Food Service, Chapter 290-5-14, Georgia Department of Community Health.

Applicant's Name: _____

Phone Number: _____

Applicants Signature: _____

Date _____