Permit Application for Extended Unit

Environmental Health

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 the name, title, address, and phone number of all persons involved, including owners and officers.

Name	Title	Address	Phone

UNIT/KIOSK OPERATIONAL INFORMATION

1. **Please answer the following based on operations performed at 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

UNIT/KIOSK OPERATIONAL INFORMATION (CONTINUED)

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: _____ Fuel type: _____ 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., steam tables, 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): _____

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 and 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 #: _____