



GEORGIA DEPARTMENT OF PUBLIC HEALTH
BRENDA FITZGERALD, M.D., COMMISSIONER

EXTENDED FOOD SERVICE UNIT PERMIT

(DATE ISSUED)

(PERMIT NUMBER)

AN OPERATION PERMIT IS HEREBY GRANTED TO

_____ to maintain and operate

(PERMIT HOLDER)

Under the business name _____

Location #1: _____

(STREET, HIGHWAY, OR
RFD)

(CITY OR TOWN)

(STREET, HIGHWAY, OR
RFD)

(CITY OR TOWN)

Location #2: _____

(STREET, HIGHWAY, OR
RFD)

(CITY OR TOWN)

(STREET, HIGHWAY, OR
RFD)

(CITY OR TOWN)

K-10B
SAMPLE - NOT VALID

This permit signifies compliance on the date of issue with the Rules of the Georgia Department of Public Health pursuant to the O.C.G.A. 26-2-373 et seq. and is valid until the permit is suspended, revoked, or expires.

Issuing Official for County Board of Health

DISPLAY FOR PUBLIC VIEW – NOT TRANSFERABLE – PROPERTY OF THE HEALTH AUTHORITY