



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

FOOD SERVICE TEMPORARY PERMIT

FROM: _____ TO: _____
(DATES OF OPERATION, 14 DAYS MAXIMUM) (PERMIT NUMBER)

A TEMPORARY PERMIT IS HEREBY GRANTED TO

to maintain and operate a temporary food service operation under the name of

located at _____ GEORGIA
(STREET, HIGHWAY, OR RFD) (CITY OR TOWN) (COUNTY) (ZIP CODE)

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