



Forsyth County Environmental Health

514 West Maple Street Suite 404 · Cumming, Georgia 30040
PH: 770-781-6909 · FAX: 678-807-7343 · www.forsythhd.com
District 2, Public Health

Food Service Permit Application Addendum

Facility Info

Restaurant 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 Company Name (Legal Business Name to appear on Permit): _____
Business Owner Phone Number: _____
Business Owner Address: _____
Tax ID Number (issued by GA Secretary of State): _____
Business owner email 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):	
0-25	\$300.00	0-25	\$300.00
26-50	\$375.00	26-50	\$375.00
51-100	\$450.00	51-100	\$450.00
101 and above	\$525.00	101 and above	\$525.00

Food Service Plan Review Revision fee is \$100.00. Permit Update Fee is \$50.00.

Owner Signature _____ Date _____