



Public Health
Prevent. Promote. Protect.

Forsyth County Environmental Health

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District 2, Public Health

Food Service Permit Application Addendum

Facility Info

Food Service Facility Name: _____

Application Type: New Change of Owner / Name Renovation

Number of Seats in dining/patio area: _____ Facility Phone Number: _____

Facility Address: _____

Facility Email: _____

Owner Info

Business Owner Name (as it appears on permit/business license): _____

Business Owner Phone Number: _____

Business Owner Address: _____

Billing Info

Billing Name (bill will be sent to this person): _____

Billing Address: _____

Billing Phone number: _____

Authorized Agent Name (contact person): _____

Authorized Agent Phone: _____

Authorized Agent Email: _____

Fee Schedule (based on seats in dining room)

Plan Review Fee

0-50 \$150.00

51-100 \$200.00

101 and over \$250.00

Permit Fee (paid prior to initial inspection)

0-25 \$200.00

26-50 \$250.00

51 and above \$300.00

Food Service Plan Review Revision Fee is \$50.00