



Ben Hill County Health Department
251 Appomattox Road • PO Box 188 • Fitzgerald, Georgia 31750
Phone: (229) 426-5288 • Fax: (229) 426-5291
www.southhealthdistrict.com/benhill

Procedure for opening a food service establishment

_____ 1. Pick up permit application for food service establishments and mobile food service operations; plan approval requirements (Appendix L); food service, tourist court, body art, public pool sign off sheet; verifiable documents and verification form from the Environmental Health office.

_____ 2. Check with Zoning Department (see item A on the food service, tourist court, body art, public pool sign off sheet) to confirm approval of location.

_____ 3a. For a **new construction or existing facility with major renovations**, submit permit application for food service establishments and mobile food service operations; full set of plans including playground area and outside dining area if applicable with equipment schedule; manufacturer equipment specification sheets including water heater; menu (include any seasonal items); plan review fee* (see below) and residency verification form with copy of legal identification. Once all required paperwork has been submitted, the plan review process will begin. Environmental Health staff will contact you by phone and letter regarding plans. Please give 5-10 days to review plans. Item B on the food service, tourist court, body art, public pool sign off sheet will be signed after plan review process is complete.

_____ 3b. For an **existing facility with no major renovations**, submit permit application for food service establishments and mobile food service operations, menu (include any seasonal items), preliminary inspection fee ** (see below) and residency verification form with a copy of legal identification. Once all required paperwork has been submitted, a preliminary inspection will be scheduled to assess existing facility. Item B on the food service, tourist court, body art, public pool sign off sheet will be signed after preliminary inspection has been conducted.

_____ 4. Contact individuals listed in items C-H on the food service, tourist court, body art, public pool sign off sheet so they can review plans or schedule inspections. These representatives may give you a list of deficiencies that will need to be repaired before signing the food service, tourist court, body art, public pool sign-off sheet. Each department representative will sign the sheet upon completion of their requirements.

_____ 5. Schedule opening inspection with Environmental Health once all signatures have been acquired (items A-H on the food service, tourist court, body art, public pool sign off sheet). **Make sure all equipment is on and operational.** Please **DO NOT** contact our office if you have not obtained all the necessary signatures or if equipment is not working properly. A \$60.00 fee per trip will be assessed if multiple trips are required.

_____ 6. Pay annual inspection fee* (see below) at opening inspection.

_____ 7. Obtain business license.

* Plan review and annual inspection fees are based on seating:

Plan review fee: New-\$200.00 / Existing-\$100.00 (0 seats)

Plan review fee: New-\$300.00 / Existing-\$150.00 (1-49 seats)

Plan review fee: New-\$400.00 / Existing-\$200.00 (50+ seats)

Yearly fee: \$200.00 (0 seats)

Yearly fee: \$300.00 (1-49seats)

Yearly fee: \$400.00 (50+ seats)

** Preliminary inspection fee is based upon time spent performing inspection: \$15.00/15 minutes.
Fee is paid at time of preliminary inspection.

Ben Hill County Food Service, Tourist Court, Body Art, Public Pool Sign-Off Sheet

Facility Name: _____

Address: _____

Owner: _____ Phone: _____

Signatures of approval must be obtained for “A” and “B” FIRST before pursuing “C” through “H”. Approvals of “I” and “J” must be obtained in order and ONLY after all other signatures of approval have been granted. This sign off sheet is for final inspections to obtain business license.

A. Zoning Administrator _____ Date _____

City: (229) 426-5044

County: (229) 426-5149

B. Environmental Health _____ Date _____

Alex Collins (229) 426-5293

Approve plans (new facility) or preliminary inspection (existing facility): Plans will be approved, or preliminary inspection conducted ONLY after all required paperwork has been received.

C. Director of Water/ Waste Water _____ Date _____

City: Andy Royal (229) 426-5400

County: Alex Collins (229) 426-5293

D. Sanitation Department _____ Date _____

City: David Walker (229) 426-5044

County: Tim Kegebein (229) 426-5170

E. Fire Department _____ Date _____

City & County: Chad Ray (229) 426-5030

Contact prior to hood installation (new) or alterations (existing)

F. Building Inspector _____ Date _____

City: (229) 426-5063

County: (229) 426-5149

G. Electrical Inspector _____ Date _____

City: (229) 426-5063

County: (229) 426-5149

H. Plumbing Inspector _____ Date _____

City: (229) 426-5063

County: (229) 426-5149

I. Environmental Health _____ Date _____

Alex Collins (229) 426-5293

Final Inspection: ONLY contact Environmental Health for your final inspection after all above signatures have been obtained.

J. Business License _____ Date _____

City: City Hall (229) 426-5060

County: Building & Zoning Office (229) 426-5149



PERMIT APPLICATION FOR FOOD SERVICE
ESTABLISHMENTS AND MOBILE/EXTENDED
FOOD SERVICE BASE OPERATIONS

PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

NOTICE

THIS PERMIT APPLICATION PACKET IS COMPOSED OF THREE PARTS: ADMINISTRATIVE INFORMATION; OPERATIONAL INFORMATION; AND PLAN REVIEW INFORMATION.

ADMINISTRATIVE INFORMATION: THIS INFORMATION WILL BE USED TO ESTABLISH COMMUNICATION BETWEEN THE LOCAL HEALTH AUTHORITY AND THE PERMIT APPLICANT/PERMIT HOLDER. IT WILL ALSO BE USED TO ADMINISTER THE PERMITTING AND ESTABLISHMENT INSPECTION PROCESSES.

OPERATIONAL INFORMATION: THIS INFORMATION WILL BE USED TO ENABLE THE LOCAL HEALTH AUTHORITY TO BECOME FAMILIAR WITH THE QUESTIONS OF WHAT TYPES, WHEN, HOW MUCH, AND WHERE FOOD WILL BE PREPARED AND SERVED BY THE PROPOSED FOOD SERVICE ESTABLISHMENT.

PLAN REVIEW INFORMATION: IN ACCORDANCE WITH DPH CHAPTER 511-6-1-.02(4), THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY IN ITS REVIEW AND APPROVAL PROCESS OF SUBMITTED PLANS AND SPECIFICATIONS FOR PROPOSED NEW CONSTRUCTION, OR REMODELING AND CONVERSION OF EXISTING BUILDINGS FOR PROPOSED FOOD SERVICE ESTABLISHMENTS. ADDITIONALLY, THIS INFORMATION WILL BE UTILIZED BY THE LOCAL HEALTH AUTHORITY TO ACCESS THE LEVEL OF COMPLIANCE STATUS OF EXISTING FOOD SERVICE ESTABLISHMENTS DURING THE OCCURRENCE OF A CHANGE IN PERMIT HOLDER.

AS PER DPH CHAPTER 511-6-1-.02(1)(c), IN ORDER TO QUALIFY FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT, THE PERMIT APPLICANT MUST 1) BE AN OWNER OF THE PROPOSED FOOD SERVICE ESTABLISHMENT (OR AN OFFICER OF THE LEGAL OWNERSHIP), 2) AGREE TO ALLOW THE HEALTH AUTHORITY ACCESS TO THE FOOD SERVICE ESTABLISHMENT, 3) PROVIDE ALL REQUIRED INFORMATION REQUESTED BY THE HEALTH AUTHORITY AND PAY ALL APPLICABLE FEES; AND 4) PROVIDE EVIDENCE OF SATISFACTORY COMPLIANCE WITH THE PROVISIONS OF THE CHAPTER AND ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE LOCATION, CONSTRUCTION AND MAINTENANCE OF FOOD SERVICE ESTABLISHMENTS AND THE SAFETY OF PERSONS THEREIN.

AT THE HEALTH AUTHORITY'S INITIAL INSPECTION OF THE COMPLETED FOOD SERVICE ESTABLISHMENT AND PRIOR TO THE ISSUANCE OF A PERMIT BY DEMONSTRATING SATISFACTORILY COMPLIANCE WITH THE PROVISION OF DPH CHAPTER 511-6-1; AND PROVIDING WRITTEN DOCUMENTATION INDICATING SATISFACTORY COMPLIANCE WITH ALL OTHER PROVISIONS OF LAWS THAT APPLY TO THE FOOD ESTABLISHMENT'S LOCATION, CONSTRUCTION AND MAINTENANCE, AND THE SAFETY OF PERSONS THEREIN.

INSTRUCTIONS: COMPLETE THE FOLLOWING APPLICATION DOCUMENT IN DUPLICATE AND FORWARD THE ORIGINAL COMPLETED DOCUMENT TO THE LOCAL HEALTH AUTHORITY (COUNTY HEALTH DEPARTMENT), IN WHICH THE FOOD SERVICE ESTABLISHMENT IS TO BE LOCATED AND OPERATED. GO TO THE DEPARTMENT'S ENVIRONMENTAL HEALTH WEBPAGE AT http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/EnvHealthContactInformation2015-10.pdf FOR COUNTY HEALTH DEPARTMENT CONTACT INFORMATION.

ADMINISTRATIVE INFORMATION

FOR HEALTH AUTHORITY USE ONLY:

Applicable Fees Paid? ____ YES ____ NO If NO, explain: _____

Is Proposed Menu attached? ____ YES ____ NO If NO, Explain: _____

Name of Establishment: _____

Food Service Address: _____
Street # and Name Suite/Unit # City Zip Code

Email address: _____ Business Phone Number: _____

1. Reason for plan review (Check appropriate block)

☐ New Application

☐ Change of Ownership:

Will there be any changes to the previous menu, equipment or facility structure? _____

☐ Renovation of Existing Establishment

2. Method of Operation: (Check All Appropriate Blocks)

☐ Food Service Establishment

☐ Food Service/Wholesaler – **requires a Georgia Dept. of Agriculture permit in addition to food service permit**

☐ Catering Operation

☐ Mobile Base – **please complete a mobile food unit application for each mobile unit**

☐ Extended Food Service

☐ Institution (e.g. school, hospital, nursing home, etc.)

☐ Incubator Establishment A (one shared space) – **VARIANCE REQUIRED**

☐ Incubator Establishment B (cubicle/build out units)- **VARIANCE REQUIRED**

☐ Incubator Establishment B member (cubicle/build out units) – **VARIANCE REQUIRED**

PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

ADMINISTRATIVE INFORMATION continued

Ownership By: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC
☐ Association ☐ Other _____

If Corporation, Partnership, LLC, Association, or Other Legal Entity, please provide a listing of all persons comprising the legal ownership to include the name(s), title(s), address and phone numbers, including owners and officers. Please attach additional page, if necessary.

Legal business name to appear on permit (the business owner's name or corporation name as it appears on the business license): _____

Person who functions as the immediate supervisor of the management for the food service establishment such as zone, district, or regional supervisor:

Name: _____ Title: _____

Mailing Address: _____
Street City State Zip Code

Telephone Number: () _____ Email Address: _____

If Applicable, identify all counties that in which Mobile Unit(s) will operate:

☐ Please submit a detailed a business plan (which includes a DESCRIPTION OF YOUR BUSINESS MODEL, OPERATIONS PLAN (i.e. how you plan to operate), IDENTIFY MARKET/CONSUMERS, and SERVICES PROVIDED, etc).

OPERATIONAL INFORMATION

1. Is water supply: Public ☐ or Private ☐?
2. If private, has source been approved? YES ☐ NO ☐ PENDING ☐
Please attach copy of written approval and/or permit.
3. Please answer the following based on your operation (check all that apply):
 - ☐ Establishment does not cook any raw animal foods; only reheat commercially precooked ingredients
 - ☐ Establishment cooks raw animal foods and reheats cooked foods that are prepared onsite
 - ☐ Establishment conducts a specialized process which requires an approved HACCP plan
 - ☐ Establishment serves raw or undercooked animal foods in a ready to eat form (i.e. rare steaks/burgers, sashimi, etc)
4. Check Appropriate Block(s) for any proposed specialized processes for your establishment.
 - ☐ Curing* ☐ Smoking for preservation* ☐ Sprouting seeds or beans*
 - ☐ Reduced Oxygen Packaging+ ☐ Operating a molluscan shellfish life-support system
 - ☐ Using food additives or adding components to render food non-TCS or for preservation*
 - ☐ Not Applicable ☐ Other _____

* Requires a variance, HACCP plan, and written procedures
+ May require a variance and HACCP plan depending on the procedures

Please identify **Hours of Operation** for each day of the week

Sun _____ Tues _____ Thurs _____ Sat _____
Mon _____ Wed _____ Fri _____

Number of Seats: _____ Number of Staff (Maximum per shift): _____

Total Square Feet of Facility: _____

Number of Floors on which operations are conducted: _____

Maximum Meals to be served (approximate number):

Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Project: _____

Projected Date for Completion of Project: _____

OPERATIONAL INFORMATION

Type of Service (check all that apply):

Sit Down Meals ☐ Drive-thru ☐ Take Out ☐ Catering ☐
Mobile unit ☐ Delivery ☐ Online ☐ Other _____

Total number of Managers (have supervisory/management responsibility) which are certified in Food Safety _____

Please enclose the following documents:

- ☐ Proposed Menu (including seasonal, off-site and banquet menus)
- ☐ Manufacturer Specification sheets for each piece of equipment shown on the plan (include hot water heater specifications)
- ☐ Site plan showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, well, septic system - if applicable)
- ☐ Plan (drawn to scale) of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation
- ☐ Equipment schedule
- ☐ Water supply
- ☐ Complies with all other provisions of laws that apply to the location, construction and maintenance of food service establishments and the safety of persons therein

(USE ADDITIONAL PAPER AS NEEDED)

DO NOT WRITE BELOW THIS LINE – HEALTH DEPARTMENT USE ONLY

You may obtain a copy of the Rules and Regulations for Food Service by visiting our website at <http://dph.georgia.gov/food-rules-and-regulations>

THE FOLLOWING DOCUMENTS ARE ENCLOSED:

- | | |
|---|--|
| <input type="checkbox"/> Business Plan Attached | <input type="checkbox"/> Equipment List Attached |
| <input type="checkbox"/> Plans Attached | <input type="checkbox"/> Menu Attached |
| <input type="checkbox"/> Plan Review Checklist | <input type="checkbox"/> Food Preparation Review |
| <input type="checkbox"/> Construction Review | <input type="checkbox"/> Water Supply Public/Approved |
| <input type="checkbox"/> Vomitus/Diarrheal Clean-up Plan | <input type="checkbox"/> Wastewater/Septic System Approval |
| <input type="checkbox"/> Notarized Verification of Residency
For Public Benefits Application | |

WHEN APPLICABLE:

- ☐ Pets in outside dining procedures
- ☐ Variance/HACCP plan/procedures

FOOD SERVICE RISK CATEGORIZATION:

- ☐ Risk Type I - do not cook any foods may reheat commercially precooked ingredients
- ☐ Risk Type II – cook and/or hold and reheat foods that are prepared onsite
- ☐ Risk Type III/HACCP Plan - requires an approved HACCP plan

OPERATIONAL INFORMATION Continued

FOOD PREPARATION REVIEW:

Check categories of Time/Temperature Control for Safety Food (TCS) to be handled, prepared and served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	<input type="checkbox"/>	<input type="checkbox"/>
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	<input type="checkbox"/>	<input type="checkbox"/>
3. Cold processed foods (salads, sandwiches, vegetables)	<input type="checkbox"/>	<input type="checkbox"/>
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	<input type="checkbox"/>	<input type="checkbox"/>
5. Bakery goods (pies, custards, cream fillings & toppings)	<input type="checkbox"/>	<input type="checkbox"/>
6. Fresh produce	<input type="checkbox"/>	<input type="checkbox"/>
7. Specialty foods (i.e. acidification, curing, drying, reduced oxygen packaging, etc)	<input type="checkbox"/>	<input type="checkbox"/>
8. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CHECK THE BOX/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES ☐ NO ☐

Please list suppliers: _____

2. What are the projected frequencies of deliveries for:

	Day of week	AM/PM	Key Drop Delivery	
Frozen foods	_____	_____	Yes _____	No _____
Refrigerated foods	_____	_____	Yes _____	No _____
Dry goods	_____	_____	Yes _____	No _____

3. Provide information on the amount of space (in cubic feet) allocated for:

Dry storage _____
Refrigerated Storage _____
Frozen storage _____

4. How will dry goods be stored off the floor? _____

5. Will foods be transported after preparation (delivery or catering)? Yes ☐ No ☐

Please describe equipment used to transport hot/cold foods and provide spec sheets: _____

OPERATIONAL INFORMATION continued

6. Please describe delivery radius (in time/distance traveled): _____

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41° F (5 ° C) and below? YES ☐ NO ☐

Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES ☐ NO ☐

If yes, how will cross-contamination be prevented? _____

3. Does each refrigerator/freezer have a thermometer in the warmest part of the unit? YES ☐ NO ☐

Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? YES ☐ NO ☐

5. Please describe the cleaning schedule for the bulk ice machine: _____

THAWING FROZEN TIME/TEMPERATURE FOR SAFETY (TCS) FOOD:

Please indicate by checking the appropriate boxes how frozen time/temperature for safety foods (TCS) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

* Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

OPERATIONAL INFORMATION continued

COOKING:

1. What type of Temperature measuring device (thermometer) will be used to measure final cooking/reheating temperatures of TCS foods? _____

2. Will meat, poultry, eggs, or fish be offered raw or undercooked on the menu? If yes, which items?
NO ☐ YES ☐ _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts-----	130 ° F (121 min)
Solid seafood pieces -----	145 ° F (15 sec)
Other PHF's -----	145 ° F (15 sec)
Eggs:	
Immediate service -----	145 ° F (15 sec)
Pooled* -----	155 ° F (15 sec)
(*pasteurized eggs must be served to a highly susceptible population)	
Pork -----	145 ° F (15 sec)
Comminuted meats/fish -----	155 ° F (15 sec)
Poultry -----	165 ° F (15 sec)
Reheated for hot holding of cooked and cooled TCS foods--	165 ° F (15 sec)

2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot TCS food be maintained at 135°F (57°C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold TCS food be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

OPERATIONAL INFORMATION

COOLING:

Please indicate by checking the appropriate boxes for how TCS foods will be cooled to 41 ° F (5 ° C) within 6 hours (135 ° F to 41 ° F in 6 hours; provided the food reaches from 135°F to 70 ° F in 2 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

1. Please describe how the cooling process for TCS food from 135°F to 70°F within 2 hours and 135°F to 41°F within 6 hours will be monitored to ensure that cooling parameters are met. Indicate cooling strategy, and the monitoring procedures (frequency, type of temperature measuring equipment used, written policies/procedures you intend to follow, etc).

REHEATING FOR HOLDING:

1. How will TCS foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 ° F for 15 seconds. Indicate type and number of units used for reheating foods.

SAFE PRACTICES:

1. Please indicate how and when employees will be trained on employee health policy, food safety, and allergens? Method of training and tracking mechanism: _____

2. Which barriers (such as disposable, single-use gloves, utensils, food grade paper, etc.) do you plan to utilize to prevent handling of ready-to-eat foods with bare hands?

PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

OPERATIONAL INFORMATION continued

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? YES ☐ NO ☐ Please describe briefly or attach a copy: _____

4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____ Concentration: _____ Test Kit: YES ☐ NO ☐

5. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES ☐ NO ☐ If not, how will ready-to-eat foods be cooled to 41°F? _____

6. Are raw fruits and vegetables served on the menu or ingredients in dishes? YES ☐ NO ☐
If yes, is a dedicated sink provided for washing raw fruits and vegetables prior to their preparation? YES ☐ NO ☐

7. Will the facility be serving food to a highly susceptible population? YES ☐ NO ☐
If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area? _____

8. Are there any other locations besides the main kitchen area in which food is planned to be held or stored prior to being served? _____

The undersigned hereby applies for a permit to operate a Food Service Establishment pursuant to O.C.G.A. 26-2-371-373 and hereby certifies that he has received a copy of the Rules and Regulations for Food Service, Chapter 511-6-1, Georgia Department of Public Health. Further and if granted a permit by the Health Authority to operate a food service establishment, the undersigned agrees to comply with all provisions contained within the Rules and Regulations of Chapter 511-6-1.

Signed: _____

Date: _____

Print Name: _____

Title: _____

(State Whether Business Owner or Authorized Agent)

NOTE: ANY CHANGES IN THE EXISTING FOOD SERVICE ESTABLISHMENT FACILITY WILL REQUIRE THE OWNER OR AGENT TO CONTACT THE LOCAL HEALTH AUTHORITY. IT IS ILLEGAL FOR FOOD SERVICE ESTABLISHMENTS TO BEGIN OPERATION TO SERVE FOOD TO THE PUBLIC WITHOUT FIRST OBTAINING A VALID FOOD SERVICE PERMIT FROM THE LOCAL HEALTH AUTHORITY.

PLAN REVIEW INFORMATION

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

PLAN REVIEW INFORMATION

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

	YES	NO	NA
1. Will all outside doors be self-closing and rodent proof ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are screen doors provided on all entrances left open to the outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do all openable windows have a minimum #16 mesh screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the placement of electrocution devices identified on the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Will air curtains be used? If yes, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. GARBAGE AND REFUSE

	YES	NO	NA
<u>Inside</u>			
8. Do all containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will refuse be stored inside? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there an area designated for garbage can or floor mat cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLAN REVIEW INFORMATION

YES

NO

NA

Outside

11. Will a dumpster be used?

☐
☐
☐

Number _____ Size _____

Frequency of pickup _____

Contractor _____

12. Will a compactor be used?

☐
☐
☐

Number _____ Size _____

Frequency of pick up _____

Contractor _____

13. Will garbage cans be stored outside?

☐
☐
☐

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored

15. Describe location of grease storage receptacle _____

16. Is there an area to store recycled containers?

☐
☐
☐

Describe _____

Indicate what materials are required to be recycled;

☐ Glass

☐ Metal

☐ Paper

☐ Cardboard

☐ Plastic

17. Is there any area to store returnable damaged goods?

☐
☐
☐

PERMIT APPLICATION FOOD SERVICE ESTABLISHMENTS AND MOBILE FOOD SERVICE BASE OF OPERATIONS

PLAN REVIEW INFORMATION

D. PLUMBING CONNECTIONS (Write NA if not applicable)

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	* P TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice machines						
23. Ice storage bin						
24. Sinks						
a. Mop sink						
b. Janitor sink						
c. Handwash sink						
d. 3 Compartment sink						
e. 2 Compartment sink						
f. 1 Compartment sink						
g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration condensate/drain lines						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/carbonator						
31. Other _____						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P". Full "S" traps are prohibited.

PLAN REVIEW INFORMATION

32. Are floor drains provided & easily cleanable, if so, indicate location: _____

E. WATER SUPPLY

35. Is ice made on premises ☐ or purchased commercially? ☐

If made on premise, are specifications for the ice machine provided? YES ☐ NO ☐

Describe location and method for ice scoop storage: _____

Provide location of ice maker or bagging operation _____

36. What is the capacity of the hot water generator? _____

37. Is the hot water generator sufficient for the needs of the establishment? YES ☐ NO ☐

Please provide the Water Heater:

Make _____ Model _____ Storage Capacity _____

BTU or KW _____

38. Is there a water treatment device? YES ☐ NO ☐

If yes, how will the device be inspected & serviced? _____

39. How are backflow prevention devices inspected & serviced? _____

F. SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES ☐ NO ☐

41. If no, is private disposal system approved? YES ☐ NO ☐ PENDING ☐

Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES ☐ NO ☐

If so, where? _____

Provide schedule for cleaning & maintenance _____

PLAN REVIEW INFORMATION

G. DRESSING ROOMS

43. Are dressing rooms provided? YES ☐ NO ☐

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) _____

GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents?
YES ☐ NO ☐

Indicate location: _____

46. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES ☐ NO ☐

47. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES ☐ NO ☐

48. Will linens be laundered on site? YES ☐ NO ☐

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

49. Is a laundry dryer available? YES ☐ NO ☐

50. Location of clean linen storage: _____

51. Location of dirty linen storage: _____

52. Are containers constructed of safe materials to store bulk food products? YES ☐ NO ☐

Indicate type: _____

PLAN REVIEW INFORMATION

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned? _____

I. SINKS

55. Is a mop sink present? YES ☐ NO ☐
 If no, please describe facility for cleaning of mops and other equipment: _____

56. If the menu dictates, is a food preparation sink separate from a dedicated raw fruit and vegetable sink present? YES ☐ NO ☐

J. DISHWASHING FACILITIES

57. Will a dishwasher be used for warewashing in addition to the required three compartment sink?
 YES ☐ NO ☐

58. Dishwasher Type of sanitization used (if applicable):
 Hot water (temp. provided) _____ Booster heater _____ Chemical type _____

Is ventilation provided? YES ☐ NO ☐

59. Do all dish machines have templates with operating instructions? YES ☐ NO ☐

60. Do all dish machines have temperature/pressure gauges as required that are accurately working?
 YES ☐ NO ☐

PLAN REVIEW INFORMATION

61. Does the largest pot and pan fit into each compartment of the pot sink? YES ☐ NO ☐
If no, what is the procedure for manual cleaning and sanitizing? _____
62. Are there drain boards on both ends of the pot sink? YES ☐ NO ☐
63. What type of sanitizer is used? ☐Chlorine ☐Quaternary ammonium ☐Other _____
64. Are test papers and/or kits available for checking sanitizer concentration? YES ☐ NO ☐

K. HANDWASHING/TOILET FACILITIES

65. Is there a hand washing sink in each food preparation and warewashing area? YES ☐ NO ☐
66. Do all hand washing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES ☐ NO ☐
67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES ☐ NO ☐
68. Is hand soap available at all hand washing sinks? YES ☐ NO ☐
70. Are hand drying facilities (paper towels, blowers) available at all handwash sinks? YES ☐ NO ☐
71. Are covered waste receptacles available in each restroom? YES ☐ NO ☐
72. Is hot and cold running water under pressure available at each hand washing sink? YES ☐ NO ☐
73. Are all toilet room doors self-closing? YES ☐ NO ☐

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above information and approved food service plans and specifications without prior permission from the local health authority may nullify this approval. Approval of these plans and specifications by the local health authority DOES NOT indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It DOES NOT constitute endorsement or acceptance of the completed establishment (structure or equipment). A final inspection of each completed establishment with the necessary equipment will be necessary to determine if it complies with the Georgia Rules and Regulations Governing Food Service Establishments. A food Service permit from the local health authority must be secured before this establishment can operate as a food service establishment.

Signed: _____ Date: _____

Print Name: _____ Title: _____
(State Whether Business Owner or Authorized Agent)

SECTION L - FINISH SCHEDULE –FLOORS, WALLS, CEILINGS

REFERENCES (Chapter 511-6-1)

.07 Physical Facilities:

- (1) Materials for Construction (a) Indoor Materials (b) Outdoor Surfaces**
- (2) Design, Construction, and Installation (a) Floors, Walls and Ceilings, Cleanability (b) Utility Lines (c) Floor, Wall Junctures, Coved, and Enclosed or Sealed (d) Floor Carpeting, Restrictions and Installation (f) Wall and Ceiling Coverings and Coatings (g) Wall and Ceiling, Attachments (h) Wall and Ceiling, Studs, Joist and Rafters**

I. General: Materials for indoor floor, wall and ceiling *surfaces under conditions of normal* shall meet certain requirements as per Chapter 511-6-1. *They shall be smooth, durable, and easily cleanable for certain areas.* Areas of concern are where food service establishment operations are conducted that requires these surfaces to be nonabsorbent such as areas subject to moisture. Operational areas that must meet these requirements are those such as food preparation areas, walk in refrigerators, warewashing areas, toilet rooms, mobile food service unit servicing areas, and areas subject to flushing or spray cleaning methods. Poured flooring such as epoxy or acrylic coverings must be a uniform thickness of at least 1/8 inch to be equivalent to that of standard floor tile.

II. Floors:

1. *Floor and wall junctures* shall be coved and closed to no larger than one thirty-second inch in food service establishments which use cleaning methods other than flushing water. If flushing water is used as a cleaning method, the floors shall be provide with a drain graded to drain, and the floor and wall junctures shall be coved and sealed.
2. A *floor covering* such as carpeting or similar material may not be installed as a floor covering in food preparation areas, walk in refrigerators, warewashing areas or toilet areas where the floor is subject to moisture, flushing, or spray cleaning methods.
3. *Exposed horizontal utility service lines and pipes* may not be installed on the floor.

III. Walls and Ceilings:

1. *Wall and ceiling covering materials* shall be nonabsorbent, light colored, and attached so that they are easily cleanable. Except in consumer areas, wall and ceiling surfaces do not need to meet the same requirements as above if they are kept clean.
2. In areas used *only for dry storage*, concrete, porous blocks, or bricks used for indoor wall construction shall be finished and sealed to provide a smooth, nonabsorbent, easily cleanable surface.
3. *Studs, joists and rafters* may not be exposed in areas subject to moisture.
4. *Wall and ceiling attachments* such as light fixtures, mechanical room ventilation system components, vent covers, wall mounted fans, decorative items and other items shall be easily cleanable. In consumer service areas, wall and ceiling attachments that are provided for ambiance need not meet this requirement *if they are kept clean*.

IV. Experimental Finishes: Evaluation and Field Testing:

1. *Any proposed covering material not listed in Tables L-1, L-2 or L-3 must be evaluated by the local Health Authority (i.e., County Health Department). Manufacturer's documentation must show that such material coverings are FDA approved for food service establishments or food processing plants. In addition, these proposed covering materials's documentation must show these materials to have comparable characteristics of durability, ease-of-cleaning and non-absorbency as that of traditional covering material listed within these tables.*
2. If a proposed covering material is considered by the county health department, the county health department *will conduct a field evaluation* of the material during inspections conducted of the food service establishment. *For a set period of time, as determined by the county health department, the county health department will evaluate the material's performance under normal operational conditions within the establishment. If the county health department through its evaluation finds the proposed material covering not to be in compliance with the requirements of Chapter 511-6-1, an appropriate traditional material covering listed with Tables L-1, L-2 and or L-3 will be installed to replace the non-compliant covering materials.*
3. Before any field evaluation of proposed experimental material covering is considered by the county health department, *it is highly recommended that a legally binding agreement between the county health department and the permit holder/owner of the food service establishment be drafted. This stated agreement would notify the permit holder or permit applicant of the establishment that he or she has the obligation to replace the experimental material covering with that which meets the requirements of the of the Chapter.*

4. *All coverings, including experimental material coverings, must be installed in accordance with its manufacturer's recommendations.* A sample of these materials may be requested by the county health department prior to their review and approval for installation¹.
5. The following charts lists the types of traditional floor, wall, and ceiling finishes that are *acceptable in food service establishments in the areas listed*²:

¹ Source: Page 64 in Section 9 – Finishes – 2008 FDA Plan Review for Food Establishments guidance document.

² Source: Page 61 in Section 9 – Finishes – 2008 FDA Plan Review for Food Establishments guidance document.

TABLE L-1

Room/Area	Floors	Walls	Ceilings
Cooking Areas (Areas exposed to high heat)	<ul style="list-style-type: none"> ▪ Quarry Tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Aluminum 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Smooth, Non-Acoustical Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic laminate ▪ Glazed Surfaces
Food Preparation (No or low heat exposure)	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block filled with Epoxy Paint or Glaze 	<ul style="list-style-type: none"> ▪ Smooth, Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces
Walk-In Refrigerators and Freezers	<ul style="list-style-type: none"> ▪ Insulated Metal Flooring provided by the Manufacturer of the Walk-In ▪ Quarry Tile ▪ Poured Epoxy 	<ul style="list-style-type: none"> ▪ Insulated Wall Panels provided by the Manufacturer of the Walk-In ▪ Stainless Steel ▪ Aluminum ▪ Fiberglass Reinforced Polyester Panels (FRP) 	<ul style="list-style-type: none"> ▪ Insulated ceiling panels provided by the Manufacturer of the Walk-In ▪ Stainless Steel ▪ Aluminum ▪ Fiberglass Reinforced Polyester Panels (FRP)
Warewashing Areas	<ul style="list-style-type: none"> ▪ Quarry Tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial grade sheet linoleum with chemically welded seams 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block filled with Epoxy Paint or Glaze surface 	<ul style="list-style-type: none"> ▪ Smooth, Non-Acoustical Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces

TABLE L.-2

Room/Area	Floors	Walls	Ceilings
Food Storage	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams ▪ Sealed Concrete (Case lot storage) 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block Filled with Epoxy Paint or a Glazed Surface ▪ Epoxy Sealed Dry-Wall 	<ul style="list-style-type: none"> ▪ Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces
Other Storage	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block Filled with Epoxy Paint or a Glazed Surface ▪ Dry-wall sealed with an Epoxy Finish 	<ul style="list-style-type: none"> ▪ Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces
Bar (Food Worker Side of Bar)	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Plastic Laminate ▪ Concrete Block Filled with Epoxy Paint or a Glazed Surface 	<ul style="list-style-type: none"> ▪ Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces
Toilet Rooms	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block Filled with Epoxy Paint or a Glazed Surface 	<ul style="list-style-type: none"> ▪ Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces

TABLE L-3

Room/Area	Floors	Walls	Ceilings
Dressing Rooms	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams ▪ Smooth, Sealed Concrete 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block Filled with Epoxy Paint or a Glazed Surface ▪ Epoxy Sealed Dry-Wall 	<ul style="list-style-type: none"> ▪ Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces
Garbage and Refuse (Interior Locations)	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams ▪ Commercially Manufactured Insulated Floor Panels 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block Filled with Epoxy Paint or a Glazed Surface ▪ Commercially Manufactured Insulated Wall Panels 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces ▪ Commercially Manufactured Insulated Ceiling Panels
Mop Service Areas	<ul style="list-style-type: none"> ▪ Quarry tile ▪ Poured Epoxy ▪ Commercial Grade Vinyl Composition Tile (VCT) ▪ Commercial Grade Sheet Linoleum with Chemically Welded Seams 	<ul style="list-style-type: none"> ▪ Stainless Steel ▪ Ceramic Tile ▪ Fiberglass Reinforced Polyester Panels (FRP) ▪ Concrete Block Filled with Epoxy Paint or a Glazed Surface 	<ul style="list-style-type: none"> ▪ Plastic Coated or Metal-Clad Fiberboard ▪ Dry-wall sealed with an Epoxy Finish ▪ Plastic Laminate ▪ Glazed Surfaces



GEORGIA DEPARTMENT OF PUBLIC HEALTH

Verification of Lawful U.S. Residency for License Application O.C.G.A. Section 50-36-1(e)(2)

As part of my application for licensure from the Georgia Department of Public Health, I hereby swear, under oath, that I am:

[Check one of the following]

- (1) _____ A citizen of the United States;
- (2) _____ A legal permanent resident of the United States;
- or*
- (3) _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act. The alien number assigned to me by the United States Department of Homeland Security or other federal immigration agency is Alien Number _____.

I also swear that I am eighteen years of age or older, and that I have provided at least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1). The secure and verifiable document is my _____.

The original "secure and verifiable document" was shown to the notary public, and a true copy of the document is attached to my application with this affidavit.

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face criminal penalties authorized by that statute.

Signature of Applicant

Printed Name Of Applicant

Subscribed and sworn before me this _____
day of _____, 20_____.

Notary Public

My Commission Expires _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued July 10, 2013 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

¹ Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.

- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]