

TELEPHONE: (706) 877-6609



BANKS COUNTY DEPARTMENT OF PUBLIC HEALTH
667 THOMPSON STREET • HOMER, GEORGIA 30547

APPLICATION FOR TEMPORARY FOOD SERVICE PERMIT

Applicant/Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Name of Food Service Organization _____

Address _____ City _____ State _____ Zip _____

Event Name & Location _____

Date(s) of Operation _____

Food(s) to be Served _____

Equipment To Be Used To Prepare Food & Maintain Food Temperatures _____

The undersigned applies for a permit to operate a Temporary Food Service Establishment pursuant to O.C.G.A. 26-2-371-373 and agrees to abide by the Rules for Food Service, Chapter 290-5-14, of the Georgia Department of Human Resources.

Signature _____ Date _____