

BUSINESS PLAN OVERVIEW

DEPARTMENT USE		
Establishment #		
FTC - RF	District	FTC - MF
Inspector (Retail)		Inspector (Manu.)

SECTION 1 – BUSINESS INFORMATION

Completed by ALL APPLICANTS

OWNER / PRESIDENT / CEO – LAST NAME	OWNER / PRESIDENT / CEO – FIRST NAME	INITIAL	PROJECTED OPENING DATE
FIRM NAME (DBA)			PHONE # – BUSINESS / MAIN
CORPORATION NAME (If Applicable)			PHONE # – ALTERNATE / CELL
PHYSICAL ADDRESS – STREET	CITY	STATE	ZIP
EMAIL ADDRESS – PRIMARY		EMAIL ADDRESS – ALTERNATE EMAIL (Licensing, Quality Assurance, Etc.)	

WATER SOURCE	CONSTRUCTION	BUSINESS TYPE	WHOLESALE	PERCENT OF GROSS FOOD SALES
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> New	<input type="checkbox"/> Retail (All Sales to Final Consumer)	<input type="checkbox"/> None	Retail _____% Wholesale _____%
WATER DISPOSAL	<input type="checkbox"/> Existing/Conversion	<input type="checkbox"/> Wholesale (All Sales to Other Businesses)	<input type="checkbox"/> Intrastate (Inside GA)	OPERATIONS IN A SHARED KITCHEN
<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Change/Remodel	<input type="checkbox"/> Wholesale and Retail on Same Premises	<input type="checkbox"/> Interstate (Outside GA)	

SECTION 2 – FOOD AND SPECIALIZED PROCESSING

Completed by ALL APPLICANTS – Check all that apply

<input checked="" type="checkbox"/>	CATEGORY	RETAIL	WHOLESALE
<input type="checkbox"/>	Acid/Acidified Food Processing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Alcohol: Beer/Wine/Distilled/Kombucha	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bakery Products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bottled Water Production	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dairy: Grade A Food Production	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dairy: Imitation Dairy Products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Deli Sandwiches/Wraps	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fruit/Vegetable Processing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fruit/Vegetable Juice Processing (HACCP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ice Production on the Premise	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Infused Oils/Vinegars	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jams/Jellies/Fruit Spreads	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	CATEGORY	RETAIL	WHOLESALE
<input type="checkbox"/>	Molluscan Shellfish & Clams (HACCP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Nuts: Blanching/Roasting/Grinding	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Packaged Meals & Meal Kits	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reduced Oxygen Packaging (HACCP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Repacking from Bulk Quantities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Seafood: Box-In/Box-Out (HACCP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Seafood: Processing/Sushi/Smoked Fish (HACCP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Smoked or Cured Meat (HACCP)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sprout Processing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Syrups & Bottled Tea/Coffee	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 – RETAIL OPERATIONS

Completed by APPLICANTS WHO SELL THEIR PRODUCTS DIRECTLY TO CONSUMERS

PART A – CONVENIENCE STORES (Otherwise, proceed to Part B)

This business will operate as a convenience store with:

- Customer Self-service Foods (i.e. coffee, cappuccino, soda fountain, slushes, hot dog roller, etc.)
- Food Service on Premise – With or Without a Seating Area
- Pre-packaged Food Sales (No open food products)

PART B – RETAIL FOOD (HANDLING PRACTICES)

This business will operate as a retail establishment that utilizes the following food handling practices: (Check all that apply)

- Hot Holding Cooling
- Cold Holding Food Service on Premise
- Cooking Sit Down Eating Area
- Reheating Other:

PART B – RETAIL FOOD (DEPARTMENT AREAS)

The retail store will include the following departments on the premises: (Check all that apply)

- Meat Market Produce Market
- Seafood Market Sushi Prep Area
- Deli Department (Food Service) Other:
- Bakery Department Other:

BUSINESS MODEL – CONVENIENCE STORES AND RETAIL FOOD STORES (REQUIRED)

Describe your business model in detail. List any open food products and beverages. *Attach additional pages if needed.*

SECTION 4 – PROCESSING & DISTRIBUTION OPERATIONS

Completed by APPLICANTS WHO DISTRIBUTE THEIR PRODUCTS TO OTHER BUSINESS ENTITIES (INCLUDING NON-PROFIT ENTITIES)

BUSINESS MODEL (REQUIRED)

Briefly describe your business model and business location. *Attach additional pages if needed.*

FOOD PRODUCTS AND PROCESSING METHODS (REQUIRED)

What types of product(s) will your firm produce, receive, hold, and/or distribute? Elaborate on Section B’s responses. *Attach additional pages if needed.*

STORAGE AND TRANSPORTATION (REQUIRED)

Briefly describe how your product(s) are stored and transported. *Attach additional pages if needed.*

Is the Business a Qualified Facility, as Defined in CFR 117.3 Yes No
Qualified Facilities are required to complete FDA Form 3942a and file with FDA accordingly.

SECTION 5 – CHANGE OF OPERATION NOTIFICATION

Notice to ALL APPLICANTS

By signing this form, I attest that the information contained herein, including any supplemental documentation attached to this document for the submission process, is accurate for my intended operations. I understand that any changes to my business model or facility operations may necessitate additional facility and/or equipment requirements. I will notify the Georgia Department of Agriculture prior to beginning any change of operation not originally disclosed on this form, so the facility and/or equipment requirements can be reassessed to ensure continued compliance with the Department’s regulations.

PRINTED NAME

SIGNATURE OF APPLICANT

TITLE OF APPLICANT

DATE