

**CITY OF VIDALIA
APPLICATION FOR FOOD SERVICE ESTABLISHMENT PERMIT**

Complete and forward to: Vidalia Onion Festival -Vendor
ATTN: Kerri Samples Monroe
PO Box 2285 Vidalia, GA 30475

(Keep a copy of this form with you during the Vidalia Onion Festival)

Name of food service establishment: _____

Select the appropriate description:

- Restaurant Mobile Food Unit Restricted Food Service Temporary Food Service
- Bar/Lounge Other: _____

Physical location of establishment (not PO Box). Include City, State, Zip, and County.



Business Owner(s) Name: _____

Business Owner(s) Address: _____

Business Owner(s) Phone: _____

Business Owner(s) E-mail: _____

Authorized Agent(s): _____

Authorized Agent(s) Address: _____

Authorized Agent(s) Phone: _____

Authorized Agent(s) E-mail: _____

If permit is temporary or a restricted food service operation, give

Date of operation to begin ____/____/____

Date of Operation to close ____/____/____

The undersigned hereby applies for a permit to operate a food service establishment pursuant to the OCGA 26-2-371-373 and hereby certifies that he has received a copy of the Rules of Food Service, Chapter 290-5-14, Georgia Department of Resources.

Signature	<i>State whether business owner or authorized agent</i>	Date
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**Authorized agent means the person to whom the business owner has delegated authority for the overall management of the food service establishment.