

Business Plan Overview: Manufactured Foods

Section 1: Business Information

a). Owner's Name: _____
Last First M.I.

b). Firm Name: _____ Phone Number: (____) ____ - ____

c). Physical Address of Firm: _____
Street City State Zip

d). Business Type *(Check All That Apply)*

Manufacturing Plant Repackaging Warehouse Distribution Open to the Public

e). Are products being produced in a shared/community kitchen? *(Check One)* YES NO

f). If YES, please list name of the shared kitchen: _____

Section 2: Product(s) Information

a). What type(s) of product(s) will your firm produce?

***NOTE: Proper documentation MUST be provided for all product(s) that require classification and process approval.

b). Briefly discuss how your product(s) is/are produced, stored, and transported.

c). Where will your product(s) be sold? *(Check All That Apply)*

Events/Flea Markets Retail Sales Wholesale Internet Other _____

Section 3: Change of Operation Notification

By signing this form, I attest that the information contained therein is accurate for my intended operations. I understand that any changes to my business model, or facility operations, may necessitate additional facility/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/equipment requirements can be reassessed to ensure continued compliance with the Department's regulations.

Signature of Applicant

Applicant Printed Name

Title of Applicant

Date

Section 4: Department Use Only

Firm Type Code (Based on Plan Review Form)

Processing Specialist