



GDA:FSDLA:073015

GEORGIA DEPARTMENT OF AGRICULTURE - LICENSING DIVISION
19 Martin Luther King Jr Dr SW, Room 604 Atlanta, GA 30334
404.586.1411 (TEL) • 855.424.5423 (TOLL FREE) • 404.586.1126 (FAX)
GDALICENSING@AGR.GEORGIA.GOV

Gary W. Black
COMMISSIONER



FOOD SAFETY DIVISION LICENSE APPLICATION

LICENSES SOUGHT

(Check all that apply)

[] FOOD SALES ESTABLISHMENT

[] MOBILE VEHICLE

[] WHOLESALE FISH DEALER

ESTABLISHMENT INFORMATION

Firm Name (Doing Business As): Rosemary Knoll Eatable Delights
Water: Public or Well: City
Water: Sewer or Septic: Sewer
Corporation Name (As Filed With the Secretary of State):
Ownership: Individual, Partnership, Corporation, LLP, or LLC: Individual

PHYSICAL ADDRESS

Street Address: 22 Moore ST
City: TRION
County: Chattooga
Zipcode: 30753

MAILING ADDRESS (If Different from PHYSICAL ADDRESS)

Street Address: PO Box 340
City: Trion
State: GA
Zipcode: 30753

PHONE & ADDITIONAL INFORMATION

Phone Number: 404-316-3604
Fax Number:
Contact Number - Owner:
Projected Opening Date:
Construction: New or Existing: Existing

OWNER INFORMATION

Owner or Corporate Officer Name: Michael Hudson
Title: Owner

CO-OWNERS/PARTNERS/CORPORATE OFFICERS

Name: Edwin L. Miller
Title: Property Owner
Name: PO Box 340 Trion, GA 30753
Title:

EMAIL ADDRESS (Valid Email Address Required for License Renewal)

VEHICLE INFORMATION (For MOBILE VEHICLE, WHOLESALE FISH LICENSE, or ROLLING STORES (FOOD SALES) as applicable)

VIN Number
Tag - Number
Tag - State
Make
Model
Year

WHOLESALE FISH DEALERS*

List all the fishery products your firm plans to wholesale, noting each item as either FRESH or FROZEN. Use the back of the form if you need additional space.

N/A

*A HACCP System that complies with state and federal regulations may be required for fishery products your firm produces or distributes. Please submit HACCP plans/forms to the Seafood Safety Office via FAX: 912-966-7954 or by EMAIL: Tony.Colvin@agr.georgia.gov

LICENSING INFORMATION

Table with columns: Type, Renewal Period, Fees, Verification of Lawful Presence. Rows include Food Sales License, Mobile Vehicle License, and Wholesale Fish License.

Make Check or Money Order Payable To: GEORGIA DEPARTMENT OF AGRICULTURE

APPLICANT - PRINTED NAME

APPLICANT - TITLE

Michael Hudson

Owner

APPLICANT - SIGNATURE

APPLICATION DATE

[Handwritten Signature]

1/16/19

DEPARTMENT USE ONLY

Sanit. ID #
FTC
Date Received
Check Date
Check Number
Amount Paid
License #

Business Plan Overview: Manufactured Foods

Section 1: Business Information

- a). Owner's Name: Hudson Michael G.
First M.I.
- b). Firm Name: Rosemary Knoll Eatable Delights Phone Number: (404 316 - 3604
- c). Physical Address of Firm:
22 Moore St. Trion GA. 30753
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: Rosemary Knoll

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.
Tapenades, Cheese Spreads, Seasoned Nuts, Salsa's, Pickles, Pepper Jellies, Butters, etc.
- b). Briefly discuss how your product(s) is/are produced, stored, and transported.
Cooked, stored in refrigerator in 8 or 16 oz. containers, Canned in glass jars, Produced in certified shared kitchen,
Transported in Car when need be. Sold at Farmers Markets etc
- 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

Michael G. Hudson
Applicant Printed Name

Owner
Title of Applicant

1/16/19
Date

Section 4: Department Use Only

Firm Type Code (Based on Plan Review Form)

Processing Specialist