



Kathleen Toomey MD, MPH, Commissioner | Brian Kemp, Governor

www.district4health.org

Fayette County Environmental Health Department
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Environmental Health Review for Occupational Tax Certificate

Property Owner: _____ Phone #: _____

Name of Business: _____

Street Address of Property: _____ Suite: _____

City: _____ State: GA Zip: _____

Water Supply: Public ___ Private ___

Detailed description of business practices that will be held at the above mentioned address:

Applicant's Name (if different from owner): _____

Applicant's Name of Business: _____

Email: _____ Phone #: _____

employees ___ Washing Machine (Y/N) ___ Kitchen/kitchenette (Y/N) ___

TYPE FACILITY -

___ **CHURCH** – # seats ___ Public Daycare (Y/N) ___ Public School (Y/N) ___

___ **DAYCARE** – # children ___ Meals (Y/N) ___

___ **MEDICAL OFFICE** - # exam rooms ___

___ **DENTAL OFFICE** – # chairs ___ Continuous water (Y/N) ___ Demand Water (Y/N) ___

___ **VETERINARY/ANIMAL CLINIC** - # runs ___ # cages ___

___ **SALON/BARBER/MICROBLADING** – # chairs ___

___ **RETAIL/CONVENIENCE STORE** (freestanding) - # restrooms ___ # toilets/urinals ___/___

___ **RETAIL** (strip mall/center) - Total Enclosed Sq. Ft. _____

___ **OFFICE/FACTORY** – Showers (Y/N) ___

Applicant/Owner Signature _____ **Date** _____

EHS Signature _____ **Date** _____ **Approved Y/N** _____

Conditions set by EH (if applicable): _____
