



Division of Environmental Health

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APPLICATION FOR PERMIT TO OPERATE A FOOD FACILITY

New Facility Update Change of Ownership Effective: _____ **Veteran Exempt?:** Yes No

FOOD FACILITY PERMIT TYPE

<input type="checkbox"/> Full Prep	<input type="checkbox"/> School	<input type="checkbox"/> Mobile Food Facility REQUIRES SUPPLEMENTAL APPLICATION	Jurisdiction:
<input type="checkbox"/> Minimal Prep	<input type="checkbox"/> Multiple Unit		<input type="checkbox"/> Unincorporated area
<input type="checkbox"/> No Prep	<input type="checkbox"/> Catering		<input type="checkbox"/> Within City Limits – city: _____

Year-round Seasonal - open _____ to _____ If seasonal, choose one: 8 months 4 months

FACILITY INFORMATION

Name of Facility:
Previous Facility Name:
Site Address: Street _____ City & Zip _____
Mailing Address: Street _____ City & Zip _____
E-mail Address: _____ Business Phone: _____

BUSINESS OWNER PERMIT TO BE ISSUED TO: (Entity that is legally responsible for the operation of the food facility)

IF THE BUSINESS/PERMIT HOLDER IS A CORPORATION, PLEASE ATTACH A COPY OF ARTICLES OF INCORPORATION

Permit Holder Name: _____	Phone Number: _____
Co-Owner Name (if applicable): _____	
Permit Mailing Address: Street _____	City & Zip _____

ACCOUNT INFORMATION

Billing Contact Name: _____	
Billing Mailing Address: Street _____	City & Zip _____
Phone Number: _____	Fax Number: _____

Construction Type: N/A New Construction Remodeling

Water Supply: Individual Public – supplier: _____

Type of Sewage System: Individual Public – supplier: _____

Applicant Signature: _____	Date: _____
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If paid by Credit Card*: Date and amount paid _____ Confirmation #: _____

**Please fill out the information requested above if paid by credit card and attach a copy of the confirmation sheet with this application.

* FOR OFFICE USE ONLY *		Veteran Exemption verified by:
Amount Paid: <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #: _____	Receipt number: _____	Anniversary/Billing Date: OA Initials and date entered:
Invoice number	Link to SR number: _____	FA#: _____ PE Code: _____
District <input type="checkbox"/> Arcata <input type="checkbox"/> Mid-County <input type="checkbox"/> MFF <input type="checkbox"/> South <input type="checkbox"/> North <input type="checkbox"/> Eureka (South) <input type="checkbox"/> Eureka (North) Approved Program Element Code: _____		
Approving REHS/EHS Signature: _____		Signature Date: _____
Senior REHS Signature: _____		Signature Date: _____