



APPLICATION FOR PERMIT TO OPERATE A FOOD FACILITY

New * Facility Update Change of Ownership Effective: _____

FOOD FACILITY PERMIT TYPE					
<input type="checkbox"/> Full Prep <input type="checkbox"/> Minimal Prep <input type="checkbox"/> No Prep	<input type="checkbox"/> Mobile Food Facility <small>REQUIRES SUPPLEMENTAL APPLICATION</small>	<input type="checkbox"/> Multiple Unit <input type="checkbox"/> Catering	<input type="checkbox"/> Year-round	Seasonal: <input type="checkbox"/> 8mo <input type="checkbox"/> 4mo	Seasonal Months Open _____ - _____
NAME OF FACILITY			PREVIOUS FACILITY NAME (if known)		
LOCATION ADDRESS OF FACILITY					City Limits Jurisdiction: <input type="checkbox"/> Within City Limits <input type="checkbox"/> Unincorporated area
STREET	CITY	STATE	ZIP		
MAILING ADDRESS OF FACILITY					
STREET	CITY	STATE	ZIP		
EMAIL ADDRESS				BUSINESS TELEPHONE	
BUSINESS OWNER PERMIT TO BE ISSUED TO: (Entity that is legally responsible for the operation of the food facility)					
PERMIT HOLDER			Veteran Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No		TELEPHONE
PERMIT MAILING ADDRESS				CELL PHONE	
STREET	CITY	STATE	ZIP		
ACCOUNT INFORMATION					
BILLING CONTACT NAME				TELEPHONE	
BILLING MAILING ADDRESS				FAX NUMBER	
STREET	CITY	STATE	ZIP		
PROPERTY OWNER INFORMATION					
BUILDING OWNER NAME				TELEPHONE	
BUILDING OWNER ADDRESS				AP NUMBER	
STREET	CITY	STATE	ZIP		
CONSTRUCTION TYPE <input type="checkbox"/> New Construction <input type="checkbox"/> Remodeling		WATER SUPPLY <input type="checkbox"/> Individual <input type="checkbox"/> Public – Supplier: _____		TYPE OF SEWAGE SYSTEM <input type="checkbox"/> Individual <input type="checkbox"/> Public	
APPLICANT SIGNATURE				DATE	

If paid by Credit Card: DEH fee paid \$ _____ Date paid: _____ Confirmation # _____

Veteran Exemption verified by: _____ * * * FOR OFFICE USE ONLY * * *				O.P. Confirmed by: _____	
Permit Fee	<input type="checkbox"/> Cash	Receipt	Invoice	Link to SR	
PE: \$	Check #	#	#	#	
EHS APPROVAL FOR FOOD FACILITY PERMIT			* Next scheduled inspection (Also when adding new PE). Previous balance \$ _____ Reverse invoice # _____ Re-issue invoice # _____		Anniversary / Billing Date
Approved Program Element: _____					OA Entered Approval / Upd Date
APPROVING REHS / EHS SIGNATURE		SIGNATURE DATE			
SENIOR REHS SIGNATURE		SIGNATURE DATE			
District: <input type="checkbox"/> Arcata <input type="checkbox"/> Eureka North <input type="checkbox"/> Eureka South <input type="checkbox"/> MFF <input type="checkbox"/> North <input type="checkbox"/> South					
				FA#	