



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100
 CONCORD, CA 94520
 (925) 608-5500 (925) 608-5502 FAX
 www.cchealth.org/eh/



FACILITY EVALUATION APPLICATION
FOOD FACILITY AND PUBLIC POOLS

(FIRST STEP IN POSSIBLE CHANGE OF PERMIT HOLDER)

APPLICATION FEE IS DUE AND NON-REFUNDABLE (SERVICE FEES AND PERMIT FEES ARE ADDITIONAL, REFER TO FEE SCHEDULE)

SECTION 1: Type of facility

- | | | |
|--|--|--|
| <input type="checkbox"/> Restaurant _____ # seats | <input type="checkbox"/> Commissary – Vehicle/Carts | <input type="checkbox"/> Pool / Spa |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Snack Bar | <input type="checkbox"/> Additional Pool / Spa # _____ |
| <input type="checkbox"/> Charitable Feeding | <input type="checkbox"/> Production Kitchen (Restaurant) | <input type="checkbox"/> Recreational Water Park |
| <input type="checkbox"/> Registered Exempt Retail Market _____ # sq. ft. | <input type="checkbox"/> Production Kitchen (Non-Restaurant) | <input type="checkbox"/> Spray Grounds |
| <input type="checkbox"/> Incidental Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Recreational Water Park |
| <input type="checkbox"/> Bakery _____ # sq. ft. | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Skilled Nursing Facility _____ # beds |
| <input type="checkbox"/> Food Demonstrator | <input type="checkbox"/> School Satellite | <input type="checkbox"/> Host Facility |
| <input type="checkbox"/> Cocktail Lounge/Bar | <input type="checkbox"/> Seasonal Fixed Facility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vending Machine | | |

SECTION 2: Contact Information

A. Facility:

PROSPECTIVE FACILITY (BUSINESS) NAME / DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
CURRENT FACILITY (BUSINESS) NAME / DBA:		

B. New Permit Holder:

PROSPECTIVE PERMIT HOLDER'S NAME:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Co-Owners <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP (Please provide identification or documentation)
MAILING ADDRESS: (MUST BE DIFFERENT FROM FACILITY ADDRESS)	
CITY/STATE/ZIP CODE:	PHONE #: FAX #:
EMAIL:	
CONTACT FOR INSPECTION:	PHONE #: (IF DIFFERENT FROM ABOVE)

SECTION 3: Attachments with Application

- Menu (if food facility) Facility Risk Category Questionnaire (if a food facility) Copy of Valid Identification

SECTION 4: Terms/Signature The undersigned hereby certifies all the information provided on this application is true and accurate.

PERMITS ARE NOT TRANSFERABLE

Signature of Applicant: _____ Date: _____

Applicant Name please print): _____

FOR OFFICE USE ONLY

FA#:	PR#:	AR#:	SR#:	P/E:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$		AMOUNT PAID: \$		CHECK #:	CREDIT CARD: <input type="checkbox"/> CASH <input type="checkbox"/>	RECEIPT #: XR		