



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



PERMIT TO OPERATE APPLICATION
FOOD FACILITY AND PUBLIC POOL

SECTION 1: Type of facility

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

SECTION 2: Contact Information (Facility Address and Permit Holder Address must be different addresses)

If ONLY Change of Facility Name (DBA), Change of Address or Co-Owner Add / Drop Name - Complete Sections 1, 2A, 7 (Service Requests) and 8.

A. Facility Name and Address: Is postal mail delivered at the facility? **Yes** (If yes, please skip Part B) **No** (If no, please complete Part B)

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

B. Facility (Mailing) Address:

ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

C. Permit Holder Name and Address: (Permit Holder Address and Facility Address must be different addresses)

PERMIT HOLDER NAME	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Co-Owners <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP <i>(Please provide identification or documentation with application)</i>
ADDRESS:	
CITY/STATE/ZIP CODE:	PHONE #:
FAX #:	

D. Accounts Receivable (Invoice) Address:

IN CARE OF (Billing Office or Person in Charge):		
ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

E. Email Address: For Official Inspection Reports. Email address that is provided needs to be able to **accept email from external email addresses. (REQUIRED)**

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SECTION 3: Verification of Ownership

- Valid Identification (For Each Co-Owner) Articles of Incorporation/Organization Documents from escrow companies
- Registration with CA Secretary of State

SECTION 4: Verification of Permit Exemption (if applicable)

- Veterans:** provide DD214 Honorable discharge papers
- Charitable or Tax Supported Institutions:** provide IRS letter of confirmation as a charitable 501c3 organization
- Blind:** provide certificate signed by a licensed physician or by the State Bureau of Vocational Rehabilitation that person is blind (having not more than ten percent visual acuity in the better eye without correction)

SECTION 5: Permit Mailing Address

- Facility Address (A) Permit Holder Address (C) Accounts Receivable Address (D)

SECTION 6: Attachments with Application (if required)

- Production Kitchen/Approved Facility Agreement Completed (for Caterers)
- Food Facility Permit Exception Registration (Incidental Retail Food Market under 25 square feet)

SECTION 7: Service Requests (Valid Identification Required / Application Fee May Apply)

- Co-owner Add / Drop Name: _____
 - Change of Facility Name (DBA): _____
 - Change of Address : _____
- Mailing Permittee Accounts Receivable

SECTION 8: Terms/Signature

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Environmental Health Services of any changes that occur including the type of business activity, name, business location, menu, equipment, billing address, ownership and/or closure.

The undersigned further agrees and understands that any structural alterations, including, but not limited to, equipment changes or additions requires the submittal of plans and appropriate fee to Environmental Health Services for review and approval.

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required permit fee and outstanding inspection fee balance, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, permit suspension/revocation proceedings, and/or closure.

PERMITS ARE NOT TRANSFERABLE

Signature(s) must be Permit Holder/Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

Signature of Applicant: _____ Date _____

Applicant Name: (Please print) _____

FOR OFFICE USE ONLY						
FA#:	PR#:	PIE#:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AR#:	AMOUNT DUE for Inspection Fees: \$	AMOUNT DUE for Permit (Prorated, If needed): \$	TOTAL Amount Due: \$	AMOUNT PAID \$		
SR#	CREDIT CARD: <input type="checkbox"/>	CASH <input type="checkbox"/>	CHECK #:	RECEIPT #: XR		
FOR PROGRAM CLERK USE ONLY	<input type="checkbox"/> INFORMATION MATCHES ENVISION			PROGRAM CLERK INITIALS:		