

Application for Permit to Operate or Certificate of Sanitation

Type of Business: _____ Date of Application: _____

☐ Ownership Change ☐ New Installation ☐ Reclassification ☐ Record Purpose

Business Name: _____ Business License #: _____

Business Address: _____

Cross Street: _____ Business Phone #: _____

Main Contact: _____ Board of Equalization #: _____

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Permit to be Issued in Name(s) of: (Specify business name, Business Owner or Principal Officers)

Owner/Corporation Mailing Address: _____

Emergency Contact _____ Owner Phone #: _____

& Phone #: _____ Alternate Phone #: _____

of Toilets: _____ Sq. Ft. of Establishment: _____

Signature(s) of Applicant(s):*

X _____ X _____

X _____ X _____

*If Partnership, all partners must sign. If Corporation, authorized Officer must sign.

For Department of Public Health Office Use Only				Laundry Machines	
Special Notes: _____				Total #	Washers:
				Dryers:	Extractors:
Food Safety Certificate Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Certifying Agency: _____		Certificate #	Certified Person:	Exp. Date:	Filing Fee:
Advertising & Posting Fee:	Zoning Referral:	Fire Dept. Referral:	DBI Referral:	Out of Business Notification:	

Inspector's Report

To the Director of Public Health:

After having made a careful inspection in the above case on _____, 20 ____

I **recommend** the issuance of a New Permit to operate ☐

I **disapprove** the issuance of a New Permit to operate ☐ for the following reasons:

X _____
Inspector

X _____
Principal Inspector

District #	Census Tract	Permit #	Type of Permit/Classification/Limitations	Loc. ID:
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