

## 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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## Workers' Compensation Declaration for Regulated Businesses

Owner/Operator: \_\_\_\_\_

DBA/Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_ SFPD Permit Type: \_\_\_\_\_

I understand that this business must comply with the Workers' Compensation laws of the State of California to obtain and maintain a valid permit to operate from the San Francisco Department of Public Health. I hereby affirm one of the following declarations:

- ☐ I have and will maintain a **"Certificate of Consent to Self-Insure"** for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- ☐ I have and will maintain a **"Certificate of Insurance"** for workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

\_\_\_\_\_  
Carrier

\_\_\_\_\_  
Policy Number

- ☐ I certify that this business is **not subject to requirements of Section 3700 of the Labor Code** at this time.

I agree that if this business employs any person in any manner so as to become subject to the workers' compensation laws of the State of California and the provisions of Section 3700 of the Labor Code, I will comply with those provisions and I will provide proof of coverage as required by the San Francisco Department of Public Health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**Required Attachment:**      **Certificate of Insurance** from Carrier *or*  
**Certificate of Self-Insurance** from the State.

Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to **one hundred thousand dollars (\$100,000)**, in addition to the cost of compensation, damages as provided in Section 3706 of the Labor Code, interest and attorney's fees.