



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SECTION  
1390 Market St., Ste 210, San Francisco, CA 94102

APPLICATION FOR PERMIT TO OPERATE  
OR CERTIFICATE OF SANITATION

Type Of Business: \_\_\_\_\_ Date of Application: \_\_\_\_\_

☐ Ownership Change ☐ New Installation ☐ Reclassification ☐ Record Purpose

BUSINESS NAME AND ADDRESS:	BUSINESS PHONE NO.(S):
CROSS STREET:	MAIN CONTACT:

☐ Sole Owner ☐ Partnership ☐ Corporation ☐ LLC

Permit to be Issued in Name(s) of: Specify Business Name, Business Owner or Principal Officers. (Print)	Owner/Corporation Mailing Address (Print)

Emergency Contact  
& Phone No.: \_\_\_\_\_

Owner Phone. No. \_\_\_\_\_

Alternate Phone .No. \_\_\_\_\_

No. 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 OFFICE USE ONLY**

Special  
Notes: \_\_\_\_\_

**laundry machines**

total no.:	washers:
dryers:	extractors:

Food Safety Certificate Required: ☐ Yes ☐ No Certifying Agency: \_\_\_\_\_

Certificate No.: \_\_\_\_\_ Certified person: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Filing Fee \_\_\_\_\_ Advertising and Posting Fee \_\_\_\_\_ Fire Department Referral \_\_\_\_\_  
Zoning 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: \_\_\_\_\_

\_\_\_\_\_  
PRINCIPAL INSPECTOR INSPECTOR

DISTRICT NO.	CENSUS TRACT	PERMIT NO.	TYPE OF PERMIT/CLASSIFICATION	LOC ID: