



CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
APPLICATION FOR CERTIFICATE OF SANITATION

Date of Application:

TYPE OF BUSINESS:	LOCATION ADDRESS:
DBA:	CITY, STATE, ZIP:
Owner of building or Hotel	Owner Mailing address
	Telephone #:
Certificate to be issued in name(s) of, or if Corporation specify corporation name	Mailing address
Contact name:	Contact Tel. number:
<input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Total # of rooms:

***SIGNATURE(S) OF APPLICANT(S)**

X _____	X _____
X _____	X _____

*If partnership, all partners must sign. If Corporation, authorized Officers must sign.

FOR OFFICE USE ONLY

Special Notes:

Filing Fee	_____	Waived.	_____	Vector Control Fee	_____	Fire Dept. Referral	_____
Zoning Referral	_____	DBI Referral	_____	Out of Business	_____		

INSPECTOR'S REPORT

To the Director of Public Health I

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

I RECOMMEND the issuance of a new Certificate of Sanitation ☐

I DISAPPROVE the issuance of a new Certificate of Sanitation ☐ for the following reasons:

PRINCIPAL INSPECTOR

INSPECTOR

District NO.	Census Tract	Permit NO.	Type of Permit
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