



# County of Yolo

## DEPARTMENT OF COMMUNITY SERVICES

**April Meneghetti, REHS**  
Environmental Health Division Manager

**Environmental Health Division**  
292 W. Beamer Street, Woodland, CA 95695 PHONE  
(530) 666-8646 FAX (530) 669-1448

### PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENT

This form must be completely filled out and signed for a new food establishment permit  
or to change owner/facility information.

NAME OF FOOD SERVICE ESTABLISHMENT (DBA) \_\_\_\_\_  
SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SITE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNER or COMPANY NAME \_\_\_\_\_  
OWNERSHIP STATUS OF ABOVE:     ☐ Sole Proprietor     ☐ Partnership     ☐ Corporation     ☐ LLC  
LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:  
OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
BUSINESS/HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ HOME/EMERGENCY CONTACT PHONE \_\_\_\_\_

BILLING INFORMATION / NAME OF CONTACT \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
BILLING PHONE \_\_\_\_\_ BILLING FAX NUMBER \_\_\_\_\_

Does the above owner/company operate or own other food service establishments in Yolo County? YES ☐ NO ☐

If YES, please list those establishments \_\_\_\_\_

IS THIS A CHANGE IN OWNERSHIP? ☐ NO     ☐ YES     If YES, date of change \_\_\_\_\_ Previous Establishment Name \_\_\_\_\_

TYPE OF ESTABLISHMENT: Check the one that best describes the type of establishment you are operating:

☐ Restaurant Less Than 650 Sq. Ft.    ☐ Restaurant Over 650 Sq. Ft.    ☐ Bar Less Than 650 Sq. Ft.    ☐ Bar Over 650 Sq. Ft.    ☐ Restaurant & Bar

☐ Bakery    ☐ Market Under 2,000 Sq. Ft.    ☐ Market 2,000-6,000 Sq. Ft.    ☐ Market Over 6,000 Sq. Ft.

☐ Market + One Food Prep    ☐ Market + Two Food Preps    ☐ Market + Three or More Food Preps

☐ Mobile Food Facility/Cart    ☐ Mobile Food Prep Unit    ☐ Produce Truck, Produce Stand or Farmers Market    ☐ Commissary    ☐ Catering

LICENSE NUMBER OF MOBILE FOOD \_\_\_\_\_ ID NUMBER, CART NUMBER \_\_\_\_\_

☐ Vending Machine(s)    ☐ Satellite Facility    ☐ Labor Camp Food Facility    ☐ Restricted Food Service/Bed & Breakfast    ☐ School Cafeteria

FEE EXEMPT ENTITY:    ☐ Charitable Organization    ☐ Veteran    ☐ Other \_\_\_\_\_

The undersigned, as Manager and/or Owner, hereby submits this application to operate a food establishment in compliance with California Health & Safety Code, Chapter 4, Article 3 Section 113920.

I understand this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY		Permit Number
Fee Paid	Approved By	FA Number
Check Number                      Cash	Date Approved	PE
Receipt Number	Condition of Approval	