

COUNTY OF LAKE

HEALTH SERVICES DEPARTMENT

Division of Environmental Health 922 Bevins Court, Lakeport, CA 95453-9739 TEL (707) 263-1164 FAX (707) 263-1681

MICROENTERPRISE HOME KITCHEN OPERATION (MHKO) Permit Application (Incomplete Applications Will Not Be Processed)

Business Name:							
Business Owner Name:					Phone #:		
					·		
Home		Address:				City:	
Address:		State:		Zip Code:	District #:		
Mailing		Address:			City:		
Address:		State:		Zip Code:	Email/Phone:		
Property		Address:			City:		
Owner (if appl.):		State:		Zip Code:	Email/Phone:		
Menu Attached (REC		,			•	owledgement Attached (REQUIRED IF	
				RENTING/LEASING): YES NO			
Applicant Acknowledgements							
As the Owner/Operator of this MKHO, I certify that, should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of food facilities as set forth in the California Retail Food Code. I also agree that representatives of the Environmental Health Division may make inspections and examine records during the hours when the business is operating.							
	I am the current property owner (if not, see next acknowledgement)						
	I certify that the property owner has provided authorization for me (applicant) to operate a MKHO at the above referenced site and I have attached a copy to this application.						
	I have read and understand Ordinance 3099. I understand that any violation may result in revocation of permit to operate.						
I, the undersigned, certify that the information provided is accurate. I understand that I am applying for a permit to operate a microenterprise home kitchen operation during the pilot program, during which only two permits will be issued within each of the County's five districts. Permit issuance during the pilot program is based on first come first serve basis.							
Print Name			Signature			Date	
FOR OFFICE USE ONLY							
Date/Time Received:			Invoice	ce #:		FA#	
Owner Acknowledgement verified and attached? YES NO						Menu Attached? ☐ YES ☐ NO	