

**Environmental Management
Department
Jennea Monasterio, Director**



APPLICATION FOR PERMIT TO OPERATE

FACILITY	Business Name (DBA): _____			Phone: _____
	Site / Commissary Address: _____		City: _____	State: _____ Zip: _____
	Days of operation: _____ Hours of operation: _____			
If this facility has a semi-frozen (soft serve) processing machine please call the State of California Milk & Dairy Food Safety Branch at (209) 466-7186				
BILL	Billing Name: _____			Phone: _____
	Billing Address: _____		City: _____	State: _____ Zip: _____
OWNER	Owner(Corp/LLC) Name: _____			Phone: _____
	Address (home or office): _____		City: _____	State: _____ Zip: _____
	Owner E-mail: _____			Business E-mail: _____

TYPE OF PERMIT	FEES	PE	TYPE OF PERMIT	FEES	PE	
<input type="checkbox"/> RESTAURANT*	\$1507.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$241.00	1648	
<input type="checkbox"/> BAR	\$892.00	1620	<input type="checkbox"/> ADMIN REVIEW/CONFIRMATION	\$75.00	1649	
<input type="checkbox"/> RESTAURANT W/BAR*	\$1907.00	1621	<input type="checkbox"/> COMMISSARY*	\$656.00	1680	
<input type="checkbox"/> FOOD PREP ESTAB	\$1117.00	1623	<input type="checkbox"/> SEASONAL LOW RISK	\$302.00	1675	
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	\$743.00	1625	<input type="checkbox"/> SEASONAL HIGH RISK	\$369.00	1676	
<input type="checkbox"/> SCHOOL SATELLITE FACILITY	\$574.00	1626	<input type="checkbox"/> SEASONAL RESTAURANT	\$912.00	1603	
<input type="checkbox"/> CHARITABLE FEEDING REGISTRATION	\$205.00	1690	<input type="checkbox"/> BAKERY – NO PREPARATION	\$641.00	1652	
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	\$308.00	1693	<input type="checkbox"/> HOST FACILITY CATEGORY A	\$75.00	1686	
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	\$1189.00	1614	<input type="checkbox"/> HOST FACILITY CATEGORY B	\$431.00	1687	
<input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.)	\$1015.00	1613	<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT	\$707.00	1681	
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	\$634.00	1612	<input type="checkbox"/> STORMWATER	\$88.00	6770	
<input type="checkbox"/> RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	\$390.00	1611	<input type="checkbox"/> VENDING MACHINE	\$205.00	1608	
<input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY*	\$953.00	1609	<input type="checkbox"/> OTHER			
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	\$1015.00	1619	*Add one stormwater fee if any of the following permits are applied for:			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	\$195.00	1631	1603, 1609, 1621, 1622, 1623, 1624 or 1680. One stormwater fee per facility.			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	\$391.00	1632				
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	\$466.00	1633				
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	\$789.00	1635	<input type="checkbox"/> SWIM POOL	\$700.00	3611	
<input type="checkbox"/> COMPACT MOBILE FOOD OPERATOR	\$391.00	1637	<input type="checkbox"/> SPA POOL	\$638.00	3612	
<input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK	\$330.00	1662	<input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM	\$700.00	3613	
<input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK	\$502.00	1663	<input type="checkbox"/> WADING POOL	\$494.00	3615	
<input type="checkbox"/> SECONDARY OPERATOR	\$313.00	1682	<input type="checkbox"/> TEMPORARILY INACTIVE	\$212.00	3617	
<input type="checkbox"/> CATERING OPERATION	\$436.00	1683	<input type="checkbox"/> SPRAY GROUND	\$432.00	3618	

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.

Print _____ Signature _____ Title/Position _____ Date _____

OFFICIAL USE ONLY

EMD RECEIPT #: _____ AMOUNT PAID: _____ DATE PAID: _____ ACCOUNT #: _____

NEW FACILITY CHANGE OF OWNERSHIP ANNIVERSARY DATE (date of ownership change/opening date): _____

FACILITY ID #: _____ CT: _____ SPECIALIST: _____

PREVIOUS NAME OF FACILITY/BUSINESS: _____

PREVIOUS OWNER'S NAME: _____ OW #: _____ OLD AR #: _____

PROGRAM RECORD #: _____ VEHICLE LIC. #: _____ DECAL #: _____

RESTRICTIONS/COMMENTS: _____

APPROVED DISAPPROVED BY: _____ DATE: _____

DOC TYPE: APPLICATION FOR PERMIT