



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 200
 CONCORD, CA 94520
 (925) 692-2500 (925) 692-2502 FAX
 www.cchealth.org/eh/



PERMIT TO OPERATE APPLICATION
FOOD AND PUBLIC POOL

SECTION 1: Type of facility

- | | | |
|--|--|--|
| <input type="checkbox"/> Restaurant _____ # seats | <input type="checkbox"/> Commissary – Vehicle | <input type="checkbox"/> School Cafeteria |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Commissary – Carts | <input type="checkbox"/> School Satellite |
| <input type="checkbox"/> Registered Exempt Retail Market _____ # sq. ft. | <input type="checkbox"/> Commissary - Catering | <input type="checkbox"/> CFO – Class A (Direct Sales) |
| <input type="checkbox"/> Incidental Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Production Kitchen (Restaurant) | <input type="checkbox"/> CFO – Class B (3 rd Party Sales) |
| <input type="checkbox"/> Bakery _____ # sq. ft. | <input type="checkbox"/> Production Kitchen (Non-Restaurant) | <input type="checkbox"/> Pool / Spa |
| <input type="checkbox"/> Skilled Nursing Facility _____ # beds | <input type="checkbox"/> Snack Bar | <input type="checkbox"/> Additional Pool / Spa # _____ |
| <input type="checkbox"/> Vending Machines _____ # machines | <input type="checkbox"/> Catering | <input type="checkbox"/> Recreational Water Park |
| <input type="checkbox"/> Food Demonstrator | <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Spray Grounds |
| <input type="checkbox"/> Tavern / Cocktail Lounge Bar | <input type="checkbox"/> Seasonal Fixed Facility | <input type="checkbox"/> Other: _____ |

SECTION 2: Contact Information

(Facility Address and Owner Address must be different addresses.)

A. Facility Address: Is postal mail delivered at the facility? Yes (If yes, please skip Part B) No (If no, please complete Part B)

NEW FACILITY NAME / DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
PREVIOUS FACILITY NAME / DBA:		

B. Facility (Mailing) Address:

FACILITY (MAILING) ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

C. Owner (Physical) Address:

NEW OWNER NAME (As it appears on Driver's License or Federal Tax I.D.):		
OWNER ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

D. Accounts Receivable Address:

IN CARE OF (Billing Office or Person in Charge):		
ACCOUNTS RECEIVABLE ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

E. **Email Address:** For Official Inspection Reports. Email address that is provided needs to be able to **accept email from external email addresses.**

F. **Email Address (if different than Part E):** For any newsletters involving changes in state law. Email address that is provided needs to be able to **accept email from external email address.**

SECTION 3: Verification of Ownership

- Sole Proprietorship Articles of Incorporation Articles of Organization
 Certificate of Registration with Secretary of State Documents from escrow companies

SECTION 4: Verification of Permit Exemption (if applicable)

- Veterans:** provide DD214 honorable discharge papers
 Charitable or Tax Supported Institutions: provide IRS letter of confirmation as a charitable 501c3 organization
 Blind: provide certificate signed by a licensed physician or by the State Bureau of Vocational Rehabilitation that person is blind (having not more than ten percent visual acuity in the better eye without correction)

SECTION 5: Attachments with Application

- Menu for New Facility (if different from menu submitted with Food and Pool Program Application for Facility Evaluation)
 Production Kitchen/Approved Facility Agreement Completed (for Caters)

SECTION 6: Terms/Signature

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Environmental Health Services of any changes that occur including the type of business activity, name, business location, menu, equipment, billing address, ownership and/or closure.

The undersigned further agrees and understands that any structural alterations, including, but not limited to, equipment changes or additions requires the submittal of plans and appropriate fee to Environmental Health Services for review and approval.

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required permit fee and outstanding inspection fee balance, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, permit suspension/revocation proceedings, and/or closure.

PERMITS ARE NOT TRANSFERABLE

Signature(s) must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

APPLICANT NAME: (Please print) _____

Signature of Applicant: _____ Date _____

FOR OFFICE USE ONLY

FA#:	AR#:	P/E:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE for Inspection Fees: \$		AMOUNT DUE for Permit (Prorated, if needed): \$		TOTAL Amount Due:		AMOUNT PAID: \$
CASH			CHECK #:	RECEIPT #:		
CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C				XR		