



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



CONSUMER PROTECTION SERVICES APPLICATION

APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)

OWNER NAME (As it appears on Driver's License or Federal Tax I.D.):		OWNERS DRIVER'S LICENSE #:	OWNERS SOCIAL SECURITY #:
LIST ADDITIONAL PARTNERS:			
OWNER ADDRESS:			FEDERAL TAX ID # (If Corporation):
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:	
OWNER MAILING ADDRESS (If different from above):		EMAIL ADDRESS:	
IN CARE OF: (Billing office or person in charge):		CITY/STATE/ZIP CODE:	
FACILITY NAME / DBA:			FACILITY PHONE #:
FACILITY ADDRESS:		CITY/STATE/ZIP CODE:	

TYPE OF FACILITY: (Please check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Restaurant _____ # seats | <input type="checkbox"/> Catering | <input type="checkbox"/> Commissary-Vehicle |
| <input type="checkbox"/> Restaurant / Drive Thru _____ # seats | <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Commissary-Catering |
| <input type="checkbox"/> Restaurant To-Go Only | <input type="checkbox"/> Tavern / Cocktail Lounge Bar | <input type="checkbox"/> Commissary-Carts |
| <input type="checkbox"/> Bakery _____ # sq. ft. | <input type="checkbox"/> Snack Bar | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Incidental Retail Food | <input type="checkbox"/> Pool / Spa |
| <input type="checkbox"/> Certified Farmer's Market _____ # booths | <input type="checkbox"/> Food Demonstrator | <input type="checkbox"/> Additional Pool / Spa # _____ |
| <input type="checkbox"/> Vending Machines _____ # machines | <input type="checkbox"/> Snack Bar | <input type="checkbox"/> Recreational Water Park |
| <input type="checkbox"/> CFO – Class A (Direct Sales) | <input type="checkbox"/> CFO – Class B (3 rd Party Sales) | <input type="checkbox"/> Other: _____ |

SERVICES REQUESTED: (Please check one)

- Site Evaluation Consultation
- Add Partner: Name: _____ Phone #: _____
- Drop Partner: Name: _____ Phone #: _____
- Change of Ownership: Previous Owner: _____
- Change of Business name: Previous Name: _____
- Change of Address: Previous Address: _____
- Mailing Owner Billing / Management Company

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 fee and late penalties, 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. Notify Contra Costa Environmental Health of any changes in the type of business activity, name, billing address, or ownership by calling the number above.

PERMITS ARE NOT TRANSFERABLE.

APPLICANT NAME: (Please print) _____

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

FA #:	PR #	P/E:	CENSUS TRACT #:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$		AMOUNT PAID: \$		CHECK #:	CASH	CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA	RECEIPT #: XR