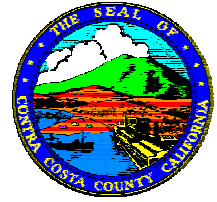




**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 200  
 CONCORD, CA 94520  
 (925) 692-2500 (925) 692-2505 FAX  
 www.cocoeh.org



## 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 #:
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"/> Wiping Rags Business                  | <input type="checkbox"/> Snack Bar              |
| <input type="checkbox"/> Bakery _____ # sq. ft.                   | <input type="checkbox"/> Pool / Spa                            | <input type="checkbox"/> Incidental Retail Food |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft.       | <input type="checkbox"/> Additional Pool / Spa (same location) | <input type="checkbox"/> Commissary             |
| <input type="checkbox"/> Certified Farmer's Market _____ # booths | <input type="checkbox"/> Recreational Water Park               | <input type="checkbox"/> Food Demonstrator      |
| <input type="checkbox"/> Vending Machines _____ # machines        | <input type="checkbox"/> Tavern / Cocktail lounge bar          | <input type="checkbox"/> Roadside Stand         |
| <input type="checkbox"/> Catering                                 | <input type="checkbox"/> Other: _____                          |                                                 |

**SERVICES REQUESTED: (Please check one)**

- |                                                   |                                                       |                                |
|---------------------------------------------------|-------------------------------------------------------|--------------------------------|
| <input type="checkbox"/> Add Partner:             | Name: _____                                           | Phone #: _____                 |
| <input type="checkbox"/> Drop Partner:            | Name: _____                                           | Phone #: _____                 |
| <input type="checkbox"/> Change of Ownership:     | Previous Owner: _____                                 |                                |
| <input type="checkbox"/> Change of Business name: | Previous Name: _____                                  |                                |
| <input type="checkbox"/> Change of Address:       | Previous Address: _____                               |                                |
| <input type="checkbox"/> Consultation             | <input type="checkbox"/> Mailing                      | <input type="checkbox"/> Owner |
| <input type="checkbox"/> Site Evaluation          | <input type="checkbox"/> 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, 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 #	SR #	P/E:	CENSUS TRACT #:	REHS:
AMOUNT DUE: \$		AMOUNT PAID: \$		RECEIPT #:	RECEIVED BY:
CHECK #:	CASH	CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA	DATE RECEIVED:	SUPERVISOR:	