



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



FACILITY EVALUATION APPLICATION
FOOD FACILITY AND PUBLIC POOLS

(FIRST STEP IN POSSIBLE CHANGE OF OWNERSHIP)

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

SECTION 1: Type of facility

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

SECTION 2: Contact Information

A. Facility:

PROSPECTIVE FACILITY NAME / DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
CURRENT FACILITY NAME / DBA:		

B. New Owner:

(If marking a ownership type; please provide proof)

PROSPECTIVE OWNER NAME :	<input type="checkbox"/> INC	<input type="checkbox"/> LLC	<input type="checkbox"/> LP	<input type="checkbox"/> CORP
NEW OWNER MAILING ADDRESS:				
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:		
EMAIL:				
REQUESTER (IF DIFFERENT THAN NEW OWNER):				

SECTION 3: Attachments with Application

- Menu for Prospective Facility (if food facility)
 Facility Risk Category Questionnaire (if a food facility)
 Copy of Valid Identification

SECTION 4: Terms/Signature The undersigned hereby certifies all the information provided on this application is true and accurate.

PERMITS ARE NOT TRANSFERABLE

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

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