



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



CATERING BUSINESS
PERMIT TO OPERATE APPLICATION

SECTION 1: Description of Business (Types of events/business activities, types of foods prepared, and menu)

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SECTION 2: Contact Information

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

A. Production Kitchen Address:

PRODUCTION KITCHEN NAME / DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
CONTACT PERSON:	EMAIL ADDRESS:	

B. Catering Business Name and (Mailing) Address:

CATERING BUSINESS NAME:		
ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
WEBSITE ADDRESS:	EMAIL ADDRESS:	

C. Catering Business Owner Address:

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

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

D. Email Address: To receive electronic copies of the Official Inspection Reports. Email address that is provided needs to be able to **accept email from external email addresses.**

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E. Email Address (if different than Part D): 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: Attachments with Application

- Signed Production Kitchen Agreement Catering Checklist Menu
 Proposed production use calendar (not required at time of submittal)
 Current Food safety manager certificate(s) and food handler cards (not required at time of submittal)

SECTION 5: Verification of Permit Fee Exemption (if applicable)

- Veterans:** provide DD214 honorable discharge papers (review exemption requirements)
 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 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 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. The Caterer Permit to Operate is valid until the end of February each year. Submittal of a complete application packet and current fee, including outstanding balances, if any, are required on a yearly basis to secure a valid permit before continuing operations in Contra Costa County. 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#:	PR#:	PIE: 0622	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE for Inspection Fees: \$		AMOUNT DUE for Permit (Prorated, if needed): \$		TOTAL Amount Due:		AMOUNT PAID: \$	
CASH CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C				CHECK #:		RECEIPT #: XR	