



**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 <sup>rd</sup> 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:<br>\$ | AMOUNT PAID:<br>\$ | CHECK #: | CASH | CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> D/C |       |             | RECEIPT #:<br>XR |                |  |