



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100
 CONCORD, CA 94520
 (925) 608-5500 (925) 608-5502 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:		OWNERS EMAIL ADDRESS:	
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:			FACILITY PHONE #:
FACILITY ADDRESS:		CITY/STATE/ZIP CODE:	

1. TYPE OF FACILITY: (Please check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Restaurant _____ # seats | <input type="checkbox"/> Remote Food Storage | <input type="checkbox"/> Commissary-Vehicle |
| <input type="checkbox"/> Bakery _____ # sq. ft. | <input type="checkbox"/> Host Facility | <input type="checkbox"/> Commissary-Carts |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Event Center | <input type="checkbox"/> CFO - Class A (Direct Sales) |
| <input type="checkbox"/> Vending Machines _____ # machines | <input type="checkbox"/> Food Demonstrator | <input type="checkbox"/> CFO - Class B (3rd Party Sales) |
| <input type="checkbox"/> Incidental Retail Food Market | <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Pool / Spa |
| <input type="checkbox"/> Cocktail Lounge/Bar (no food service) | <input type="checkbox"/> School Cafeteria/Satellite | <input type="checkbox"/> Additional Pool / Spa # _____ |
| <input type="checkbox"/> Limited/Intermittent Use | <input type="checkbox"/> Seasonal Fixed Facility | <input type="checkbox"/> Recreational Water Park |
| <input type="checkbox"/> Catering Operation | <input type="checkbox"/> Charitable Feeding | <input type="checkbox"/> Other: _____ |

2. SERVICES REQUESTED: (Please check one)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Site Evaluation | <input type="checkbox"/> Consultation |
| <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"/> Mailing <input type="checkbox"/> Owner <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, 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:	AR #:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$		AMOUNT PAID: \$		CHECK #:	CASH	CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA	RECEIPT #: XR