



**CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 100
CONCORD, CA 94520
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FOOD FACILITY PERMIT EXEMPTION REGISTRATION

California Retail Food Code Section 114289 exempts a permanent food facility from obtaining a Permit to Operate from the Environmental Health Division. Permanent food facilities do not require a health permit if ALL of the criteria below are met:

1. Foods/Beverages are non-potentially hazardous and individually pre-packaged (no sampling).
2. No food preparation occurs (e.g., fresh popcorn, hot pretzels, coffee, and similar foods require food preparation and handling, and a health permit is required).
3. The floor space for the storage and display areas shall be limited to a total of 25 square-feet (footprint). Shelving above the footprint of 25 square feet is allowed.
4. A site visit by Environmental Health is required to verify the facility meets the exemption criteria. The fee for the application and site visit is an amount per the current Board Fee Resolution. Environmental Health may conduct occasional site visits to verify the facility continues to meet the required criteria for exemption.

CERTIFICATION

Please complete both sides of this application:

- A. List all food that will be sold from this facility.

- B. Floor plan and pictures that show location and square footage (footprint) of food storage and display areas. Add up square footage and show that it does not exceed 25 square feet.

I certify that the information reported on this form is true. I understand that I will need to obtain a Permit to Operate from Contra Costa Environmental Health when the food storage and display at this facility exceeds 25 square feet or if any potentially hazardous food is sold or given away or if non-individually prepackaged food is sold or handled (food includes beverages). I also understand that any verified complaints (e.g., operating without a permit, improper storage, vermin, etc.) and associated enforcement actions will be charged at the current hourly rate.

Facility Name: _____ Phone Number: _____

Facility Address: _____ Email: _____

Owner Signature _____ Date _____

Owner Name (Print) _____

Note: Applicant is to keep a copy of this document for their records.

FOR OFFICE USE ONLY

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