



APPLICATION FOR PERMIT TO OPERATE

FACILITY	Business Name (DBA): _____ Phone: _____
	Site / Commissary Address: _____ City: _____ State: _____ Zip: _____
	Days of operation: _____ Hours of operation: _____
	If this facility has a semi-frozen (soft serve) processing machine please call the State of California Milk & Dairy Food Safety Branch at (209) 466-7186
BILL	Billing Name: _____ Phone: _____
	Billing Address: _____ City: _____ State: _____ Zip: _____
OWNER	Owner(Corp/LLC) Name: _____ Phone: _____
	Address (home or office): _____ City: _____ State: _____ Zip: _____
	Owner E-mail: _____ Business E-mail: _____

TYPE OF PERMIT	FEE	PE	TYPE OF PERMIT	FEE	PE
<input type="checkbox"/> RESTAURANT*	\$1292.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$150.00	1648
<input type="checkbox"/> BAR	815.00	1620	<input type="checkbox"/> ADMIN REVIEW/CONFIRMATION	73.00	1649
<input type="checkbox"/> RESTAURANT W/BAR*	1665.00	1621	<input type="checkbox"/> COMMISSARY*	534.00	1680
<input type="checkbox"/> FOOD PREP ESTAB W/O HOOD <2000 SQ FT*	1014.00	1623	<input type="checkbox"/> SEASONAL LOW RISK	244.00	1675
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	686.00	1625	<input type="checkbox"/> SEASONAL HIGH RISK	298.00	1676
<input type="checkbox"/> SCHOOL SATELLITE FACILITY	496.00	1626	<input type="checkbox"/> SEASONAL RESTAURANT	869.00	1603
<input type="checkbox"/> CHARITABLE FEEDING REGISTRATION	181.00	1690	<input type="checkbox"/> BAKERY – NO PREPARATION	568.00	1652
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	239.00	1693	<input type="checkbox"/> HOST FACILITY CATEGORY A	73.00	1686
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	1091.00	1614	<input type="checkbox"/> HOST FACILITY CATEGORY B	365.00	1687
<input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.)	933.00	1613	<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT	630.00	1681
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	619.00	1612	<input type="checkbox"/> STORMWATER	83.00	6770
<input type="checkbox"/> RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	365.00	1611	*Add one stormwater fee if any of the following permits are applied for: 1603, 1609, 1621, 1622, 1623, 1624 or 1680. One stormwater fee per facility.		
<input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY*	842.00	1609	<input type="checkbox"/> BUSINESS RECYCLING	No fee	4CR4
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	933.00	1619	(All fixed facilities in the City of Sacramento and Unincorporated County)		
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	190.00	1631	<input type="checkbox"/> SWIM POOL	\$602.00	3611
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	381.00	1632	<input type="checkbox"/> SPA POOL	564.00	3612
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	378.00	1633	<input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM	617.00	3613
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	670.00	1635	<input type="checkbox"/> WADING POOL	417.00	3615
<input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK	322.00	1662	<input type="checkbox"/> TEMPORARILY INACTIVE	200.00	3617
<input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK	483.00	1663	<input type="checkbox"/> SPRAY GROUND	407.00	3618
<input type="checkbox"/> SECONDARY OPERATOR	268.00	1682			
<input type="checkbox"/> CATERING OPERATION	391.00	1683			
<input type="checkbox"/> OTHER					

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.

Print _____ Signature _____ Title/Position _____ Date _____

Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 92% of each remaining fee. Secondary/Catering Operation (1682, 1683), Swap Meet Prepackaged Food Stand (1648), Satellite Food Distribution Facility (1693), Mobile Food Facility (1631, 1632, 1633, 1635) are not included as multiples and shall pay the standard fees.

OFFICIAL USE ONLY

EMD RECEIPT#: _____ AMOUNT PAID: _____ DATE PAID: _____ ACCOUNT #: _____

NEW FACILITY CHANGE OF OWNERSHIP ANNIVERSARY DATE (date of ownership change/opening date): _____

FACILITY ID #: _____ CT: _____ SPECIALIST: _____

PREVIOUS NAME OF FACILITY/BUSINESS: _____

PREVIOUS OWNER'S NAME: _____ OW #: _____ OLD AR #: _____

PROGRAM RECORD #: _____ VEHICLE LIC. #: _____ DECAL #: _____

RESTRICTIONS/COMMENTS: _____

APPROVED DISAPPROVED BY: _____ DATE: _____