



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*	\$1470.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$235.00	1648
<input type="checkbox"/> BAR	870.00	1620	<input type="checkbox"/> ADMIN REVIEW/CONFIRMATION	73.00	1649
<input type="checkbox"/> RESTAURANT W/BAR*	1860.00	1621	<input type="checkbox"/> COMMISSARY*	640.00	1680
<input type="checkbox"/> FOOD PREP ESTAB W/O HOOD <2000 SQ FT*	1090.00	1623	<input type="checkbox"/> SEASONAL LOW RISK	295.00	1675
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	725.00	1625	<input type="checkbox"/> SEASONAL HIGH RISK	360.00	1676
<input type="checkbox"/> SCHOOL SATELLITE FACILITY	560.00	1626	<input type="checkbox"/> SEASONAL RESTAURANT	890.00	1603
<input type="checkbox"/> CHARITABLE FEEDING REGISTRATION	200.00	1690	<input type="checkbox"/> BAKERY – NO PREPARATION	625.00	1652
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	300.00	1693	<input type="checkbox"/> HOST FACILITY CATEGORY A	73.00	1686
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	1160.00	1614	<input type="checkbox"/> HOST FACILITY CATEGORY B	420.00	1687
<input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.)	990.00	1613	<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT	690.00	1681
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	619.00	1612	<input type="checkbox"/> STORMWATER	86.00	6770
<input type="checkbox"/> RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	380.00	1611	<input type="checkbox"/> VENDING MACHINE	200.00	1608
<input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY*	930.00	1609	<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	990.00	1619			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	190.00	1631			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	381.00	1632			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	455.00	1633			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	770.00	1635	<input type="checkbox"/> SWIM POOL	683.00	3611
<input type="checkbox"/> COMPACT MOBILE FOOD OPERATOR	381.00	1632	<input type="checkbox"/> SPA POOL	623.00	3612
<input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK	322.00	1662	<input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM	683.00	3613
<input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK	490.00	1663	<input type="checkbox"/> WADING POOL	482.00	3615
<input type="checkbox"/> SECONDARY OPERATOR	305.00	1682	<input type="checkbox"/> TEMPORARILY INACTIVE	207.00	3617
<input type="checkbox"/> CATERING OPERATION	425.00	1683	<input type="checkbox"/> SPRAY GROUND	422.00	3618

*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.

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 _____

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: _____