



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*	\$1507.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$241.00	1648
<input type="checkbox"/> BAR	\$892.00	1620	<input type="checkbox"/> ADMIN REVIEW/CONFIRMATION	\$75.00	1649
<input type="checkbox"/> RESTAURANT W/BAR*	\$1907.00	1621	<input type="checkbox"/> COMMISSARY*	\$656.00	1680
<input type="checkbox"/> FOOD PREP ESTAB	\$1117.00	1623	<input type="checkbox"/> SEASONAL LOW RISK	\$302.00	1675
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	\$743.00	1625	<input type="checkbox"/> SEASONAL HIGH RISK	\$369.00	1676
<input type="checkbox"/> SCHOOL SATELLITE FACILITY	\$574.00	1626	<input type="checkbox"/> SEASONAL RESTAURANT	\$912.00	1603
<input type="checkbox"/> CHARITABLE FEEDING REGISTRATION	\$205.00	1690	<input type="checkbox"/> BAKERY – NO PREPARATION	\$641.00	1652
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	\$308.00	1693	<input type="checkbox"/> HOST FACILITY CATEGORY A	\$75.00	1686
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	\$1189.00	1614	<input type="checkbox"/> HOST FACILITY CATEGORY B	\$431.00	1687
<input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.)	\$1015.00	1613	<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT	\$707.00	1681
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	\$634.00	1612	<input type="checkbox"/> STORMWATER	\$88.00	6770
<input type="checkbox"/> RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	\$390.00	1611	<input type="checkbox"/> VENDING MACHINE	\$205.00	1608
<input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY*	\$953.00	1609	<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	\$1015.00	1619	*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"/> MOBILE FOOD FACILITY CATEGORY A	\$195.00	1631	<input type="checkbox"/> SWIM POOL	\$700.00	3611
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	\$391.00	1632	<input type="checkbox"/> SPA POOL	\$638.00	3612
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	\$466.00	1633	<input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM	\$700.00	3613
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	\$789.00	1635	<input type="checkbox"/> WADING POOL	\$494.00	3615
<input type="checkbox"/> COMPACT MOBILE FOOD OPERATOR	\$391.00	1637	<input type="checkbox"/> TEMPORARILY INACTIVE	\$212.00	3617
<input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK	\$330.00	1662	<input type="checkbox"/> SPRAY GROUND	\$432.00	3618
<input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK	\$502.00	1663			
<input type="checkbox"/> SECONDARY OPERATOR	\$313.00	1682			
<input type="checkbox"/> CATERING OPERATION	\$436.00	1683			

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 #: _____
<input type="checkbox"/> NEW FACILITY <input checked="" type="checkbox"/> 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: _____			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	BY: _____	DATE: _____