Environmental Management Department
Jennea Monasterio, Director

APPLICATION FOR PERMIT TO OPERATE

FY 2026-2027

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
☐ RESTAURANT*	$1551.00	1622
☐ BAR	$918.00	1620
☐ RESTAURANT W/BAR*	$1962.00	1621
☐ FOOD PREP ESTAB	$1149.00	1623
☐ SCHOOL/NONPROFIT SR. MEAL PROGRAM	$765.00	1625
☐ SCHOOL SATELLITE FACILITY	$591.00	1626
☐ CHARITABLE FEEDING REGISTRATION	$211.00	1690
☐ SATELLITE FOOD DISTRIBUTION FACILITY	$317.00	1693
☐ RETAIL MARKET (OVER 15,000 SQ. FT.)	$1223.00	1614
☐ RETAIL MARKET (6,000 – 14,999 SQ FT.)	$1044.00	1613
☐ RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	$652.00	1612
☐ RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	$401.00	1611
☐ VETERAN'S ORGANIZATION FOOD FACILITY*	$981.00	1609
☐ CERTIFIED FARMERS' MARKET	$1044.00	1619
☐ MOBILE FOOD FACILITY CATEGORY A	$201.00	1631
☐ MOBILE FOOD FACILITY CATEGORY B	$402.00	1632
☐ MOBILE FOOD FACILITY CATEGORY C	$480.00	1633
☐ MOBILE FOOD FACILITY CATEGORY D	$812.00	1635
☐ COMPACT MOBILE FOOD OPERATOR	$402.00	1637
☐ MULTI-EVENT VENDOR – LOW RISK	$340.00	1662
☐ MULTI EVENT VENDOR – HIGH RISK	$517.00	1663
☐ SECONDARY OPERATOR	$322.00	1682
☐ CATERING OPERATION	$449.00	1683

TYPE OF PERMIT	FEE	PE
☐ SWAP MEET PRE-PKG FOOD STAND	$248.00	1648
☐ ADMIN REVIEW/CONFIRMATION	$120.00	1649
☐ COMMISSARY*	$675.00	1680
☐ SEASONAL LOW RISK	$311.00	1675
☐ SEASONAL HIGH RISK	$380.00	1676
☐ SEASONAL RESTAURANT	$938.00	1603
☐ BAKERY – NO PREPARATION	$660.00	1652
☐ HOST FACILITY CATEGORY A	$77.00	1686
☐ HOST FACILITY CATEGORY B	$443.00	1687
☐ RESTRICTED FOOD SERVICE ESTABLISHMENT	$728.00	1681
☐ STORMWATER	$91.00	6770
☐ VENDING MACHINE	$211.00	1608
☐ OTHER		

*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**.

☐ SWIM POOL	$720.00	3611
☐ SPA POOL	$657.00	3612
☐ POOLS ON SINGLE RECIRCULATING SYSTEM	$720.00	3613
☐ WADING POOL	$508.00	3615
☐ TEMPORARILY INACTIVE	$218.00	3617
☐ SPRAY GROUND	$445.00	3618

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: _____