



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	TYPE OF PERMIT	FEE	PE
☐ RESTAURANT*	\$1551.00	1622	☐ SWAP MEET PRE-PKG FOOD STAND	\$248.00	1648
☐ BAR	\$918.00	1620	☐ ADMIN REVIEW/CONFIRMATION	\$120.00	1649
☐ RESTAURANT W/BAR*	\$1962.00	1621	☐ COMMISSARY*	\$675.00	1680
☐ FOOD PREP ESTAB	\$1117.00	1623	☐ SEASONAL LOW RISK	\$311.00	1675
☐ SCHOOL/NONPROFIT SR. MEAL PROGRAM	\$765.00	1625	☐ SEASONAL HIGH RISK	\$380.00	1676
☐ SCHOOL SATELLITE FACILITY	\$591.00	1626	☐ SEASONAL RESTAURANT	\$938.00	1603
☐ CHARITABLE FEEDING REGISTRATION	\$211.00	1690	☐ BAKERY – NO PREPARATION	\$660.00	1652
☐ SATELLITE FOOD DISTRIBUTION FACILITY	\$317.00	1693	☐ HOST FACILITY CATEGORY A	\$77.00	1686
☐ RETAIL MARKET (OVER 15,000 SQ. FT.)	\$1223.00	1614	☐ HOST FACILITY CATEGORY B	\$443.00	1687
☐ RETAIL MARKET (6,000 – 14,999 SQ. FT.)	\$1044.00	1613	☐ RESTRICTED FOOD SERVICE ESTABLISHMENT	\$728.00	1681
☐ RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	\$652.00	1612	☐ STORMWATER	\$91.00	6770
☐ RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	\$401.00	1611	☐ VENDING MACHINE	\$211.00	1608
☐ VETERAN'S ORGANIZATION FOOD FACILITY*	\$981.00	1609	☐ OTHER		
☐ CERTIFIED FARMERS' MARKET	\$1044.00	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.		
☐ MOBILE FOOD FACILITY CATEGORY A	\$201.00	1631	☐ SWIM POOL	\$720.00	3611
☐ MOBILE FOOD FACILITY CATEGORY B	\$402.00	1632	☐ SPA POOL	\$657.00	3612
☐ MOBILE FOOD FACILITY CATEGORY C	\$480.00	1633	☐ POOLS ON SINGLE RECIRCULATING SYSTEM	\$720.00	3613
☐ MOBILE FOOD FACILITY CATEGORY D	\$812.00	1635	☐ WADING POOL	\$508.00	3615
☐ COMPACT MOBILE FOOD OPERATOR	\$402.00	1637	☐ TEMPORARILY INACTIVE	\$218.00	3617
☐ MULTI-EVENT VENDOR – LOW RISK	\$340.00	1662	☐ SPRAY GROUND	\$445.00	3618
☐ MULTI EVENT VENDOR – HIGH RISK	\$517.00	1663			
☐ SECONDARY OPERATOR	\$322.00	1682			
☐ CATERING OPERATION	\$449.00	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 #:
☐ 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: _____	