



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	<input type="checkbox"/> OTHER		
<input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY*	842.00	1609	*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"/> CERTIFIED FARMERS' MARKET	933.00	1619	<input type="checkbox"/> BUSINESS RECYCLING	No fee	4CR4
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	190.00	1631	(All fixed facilities in the City of Sacramento and Unincorporated County)		
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	381.00	1632	<input type="checkbox"/> SWIM POOL	\$659.00	3611
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	378.00	1633	<input type="checkbox"/> SPA POOL	601.00	3612
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	670.00	1635	<input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM	659.00	3613
<input type="checkbox"/> COMPACT MOBILE FOOD OPERATOR	381.00	1632	<input type="checkbox"/> WADING POOL	465.00	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			

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 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:

COOSP-F:\SFS\EMD\WORKGROUPS\DATA\FORMS\ARCHIVE\EMD\ADMIN SUPPORT FORMS\FISCAL YEAR FORMS UPDATE\2023-2024 FEE FORMS\2023-2024 APPLICATION FOR PERMIT TO OPERATE 6 14 23.DOCX

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