Receipt #	
Amount Paid _	
Date Paid	



## **Environmental Health Department**

P.O. Box 427, Independence, CA 93526 (760) 878-0238, FAX (760) 878-0239

## **Application for Retail Food Facility Permit**

## **Basic Facility Information:**

- New Business
- Business Name Change
- □ Change of Address

□ Change of Owner	
<ul> <li>Update Information</li> </ul>	
<b>Business Information:</b>	
Name of Business	
Business Mailing Address	
Location Address	
Business Phone	
Date Building to be Occupied	
Previous Location of Business	
Number of Employees	Seating Capacity
If Retail Store, Size of Sales Area	
Describe water supply (i.e. private on-site well	l or name of public water system):
Describe sewage disposal system (i.e. private system):	·
•	
<b>Business Owners Information:</b>	
Name	
Home Address	
City	Phone
Managers Information:	
Name	
Home Address	
City	Phone
Building Owner:	
Name	
Home Address	
City	Phone
Emergency Contact:	
Name (not owner or manager)	
Address	
City	Phone

<u>Menu Information:</u> Provide a description of the basic types of food and beverage service (or attach a copy of the menu), nature of operation, and basic delivery information.		
ac the	oplicant hereby makes application for a permit to operate a food facility business or service in cordance with the laws, ordinances and regulations that are now or may hereinafter be in force by e United States Government, the State of California and the County of Inyo pertaining to the above entioned business.	
Αŗ	oplicant's Signature Date	
	(For Department Use Only)	
<u>Ty</u>	vpe of Establishment:	
	Restaurant If checked, number of seats:	
	Market If checked, square footage:	
	Bar without food preparation	
	Produce Stand	
	Bakery	
	Bed & Breakfast	
	Mobile Food Facility	
	<ul> <li>Potentially Hazardous Foods or</li> </ul>	
	<ul> <li>Non Potentially Hazardous Foods</li> </ul>	
	Temporary Food Facility	
	Caterer	
	Community Event Organizer	
	Cottage Food Facility	
	<ul> <li>Direct Sales</li> </ul>	
	Direct and Indirect Sales	
D	epartment Comments:	
	Approved	
	Denied	
_	Defiled	
R	E.H.S. Signature: Date:	