

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 \_\_\_\_\_
- Update Information \_\_\_\_\_

**Please note:**

New facilities require a plan check before construction begins. Please provide two sets of detailed plans and a copy of the menu with this completed food facility application. Plan check fees, based on our hourly rate, may apply.

**Business Information:**

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 or name of public water system):  
\_\_\_\_\_

Describe sewage disposal system (i.e. private on-site system or name of public sewer system):  
\_\_\_\_\_

**Business Owners Information:**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Managers Information:**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

**Building Owner:**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact:**

Name (not owner or manager) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

**Menu Information:** 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.

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Applicant hereby makes application for a permit to operate a food facility business or service in accordance with the laws, ordinances and regulations that are now or may hereinafter be in force by the United States Government, the State of California and the County of Inyo pertaining to the above mentioned business.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**(For Department Use Only)**

<u>Type of Establishment:</u>	<u>Department Actions</u>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Restaurant      Number of seats: _____</li> <li><input type="checkbox"/> Market              Square footage: _____</li> <li><input type="checkbox"/> Bar without food preparation</li> <li><input type="checkbox"/> Produce Stand</li> <li><input type="checkbox"/> Bakery</li> <li><input type="checkbox"/> Bed &amp; Breakfast</li> <li><input type="checkbox"/> Mobile Food Facility               <ul style="list-style-type: none"> <li><input type="checkbox"/> Potentially Hazardous Foods or</li> <li><input type="checkbox"/> Non-Potentially Hazardous Foods</li> </ul> </li> <li><input type="checkbox"/> Temporary Food Facility</li> <li><input type="checkbox"/> Caterer</li> <li><input type="checkbox"/> Community Event Organizer</li> <li><input type="checkbox"/> Cottage Food Facility               <ul style="list-style-type: none"> <li><input type="checkbox"/> Direct Sales</li> <li><input type="checkbox"/> Direct and Indirect Sales</li> </ul> </li> </ul>	<u>Fiscal Staff:</u>	Date:
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Full payment received</li> <li><input type="checkbox"/> Facility added to QB</li> <li><input type="checkbox"/> Payment posted</li> <li><input type="checkbox"/> File created</li> <li><input type="checkbox"/> File delivered to Program Lead</li> </ul>	_____ _____ _____ _____ _____
	<u>Program Lead:</u>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-open inspection</li> <li><input type="checkbox"/> Copy of FSC to file</li> <li><input type="checkbox"/> Inspection added to file</li> <li><input type="checkbox"/> Approval (sign below)</li> <li><input type="checkbox"/> Denial (Reason below)</li> <li><input type="checkbox"/> File returned to Fiscal</li> </ul>	_____ _____ _____ _____ _____ _____
	<u>Fiscal Staff:</u>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Permit issued</li> <li><input type="checkbox"/> Copy of permit added to file</li> <li><input type="checkbox"/> File returned to Program Lead</li> </ul>	_____ _____ _____

Comments: \_\_\_\_\_

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R.E.H.S. Signature: \_\_\_\_\_ Date: \_\_\_\_\_