

Receipt # _____
Amount Paid _____
Date Paid _____



Environmental Health Department
1360 Main Street, Bishop, CA 93514
(760) 878-0238, inyoehd@inyocounty.us

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 _____

Please attach a copy of the menu

Please provide a copy of the Food Safety Manager Certification (attach certificate).

☐ (Check this box if a manager certification has not been acquired)

Please provide Food Safety Handlers Certifications for each employee (attach certificates).

☐ (Check this box if a Food Safety Handler Certification has not been acquired)

☐ (Check this box if some Food Safety Handler Certification have been acquired)

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

Comments: _____

R.E.H.S. Signature: _____ Date: _____