ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department 2700 "M" Street, Suite 300, Bakersfield, CA 93301

661-862-8740 661-862-8701(fax)

☐ New Business		☐ Ownership Change Date:				Information Change				Dat	te:	
Type of Ownership: Sole Proprie			tor 🗌 Partnership 🔲 Corp			orati	ration					
Check all [that apply: [☐ Mobile F☐ Tempora							n-Food F		у		
OWNER INFORMATION												
Owner Name:												
Owner Address:	:											
City:					State:				Zip:			
Home Phone:	()		Business Phone	e: ()			Fax:			
Partner(s)/Corp Name:												
Care Of:					E-Mai	Add	lress:					
Mailing Address	s:											
City:					State:				Zip:			
FACILITY/BUSINESS INFORMATION												
Facility Name (DBA):												
Address:												
City:					State:				Zip:			
Phone:	()		Alternate phone	: ()			Fax:	()	
Care Of:		E-Mail Address:										
Mailing Address	s:											
City:					State:				Zip:			
Water Provider												
				BILLING IN	FORMA	TIO	N					
Mailing Address			•		ess Mailin	_			er Addre	ess	☐ Other	
If you checked of												
Care of:												
Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.												
Constitute of Applicant												
Signature of Applicant Print Name Date PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.									l.			
TOBACCO RETAIL TRAINING FOR OFFICIAL USE ONLY												
. J			Program ID PI		PE				Date Mailed		Facility ID	
			Provio	ue Owner ID	New Ows	or ID	1	Mar	<u>,</u> #		Service Request #	
					IAEM OWN	ew Owner ID		iviaț			Dervice Request #	
			Total F	ees Paid	Received	Ву		Date	e Paid		Accounting ID	

MOBILE FOOD FACILITY ENVIRONMENAL HEALTH PERMIT APPLICATION (Part 2)

Choose One Facility From The List Below And Complete Corresponding Forms								
Type of Facility	Ice Cream Pus Cart		Ice Cream Truck/Prepackaged Vehicle	Hotdog/Churro/Co Cart/Shaved Ice	ffee	Mobile Food Preparation Unit		
Additional forms to complete with application	1. Commissary Authorizatio 2. Out-of- County Commissary Authorizatio if applicable	n 2. Commissary Authorization 3. Commissary/Outof-County	1. DMV Registration 2. Commissary Authorization 3. Out-of-County Commissary Authorization, if applicable 4. Itinerary 5. Menu	1. DMV Registration 2. Commissary Authorization 3. Out-of-County Commissary Authorization, if applicable 4. Restroom Authorization 5. Itinerary 6. Menu 7. Food Safety Manager Certification (One for each permit)		 DMV Registration Commissary Authorization Out-of-County Commissary Authorization, if applicable Restroom Authorization Itinerary Menu Food Safety Manager Certification (One for each permit) California State Insignia 		
Vehicle Information		Vehicle Make	r, Model & Yr.	State of License Ve		ehicle License Number		
Foo	d Safety	Name of Exam		Certificate Number		Date of Exam		
Manager Certification		Name of Certified Perso	n		Expiration Date			
I hereby state, under the penalty of perjury, that the above information is current and true to the best of my knowledge and agree to operate in accordance with the California Health and Safety Code (Division 104, Part 7, Chapter 4).								
Signature	e of Applicant		Print Name			Date		