

APPLICATION FOR FOOD ESTABLISHMENT ENVIRONMENTAL HEALTH PERMIT

The owner/operator must complete the attached application for an Environmental Health Permit. The signed application, health permit fee and application fee may be mailed to the address noted above or hand delivered to this office. An Environmental Health Specialist will conduct an inspection of your facility to verify that your facility is in compliance with the health laws. Operating a food facility without a health permit is a misdemeanor (Kern County Ordinance 8.04.190).

Application Fee: All applicants must pay an application fee upon change of ownership, opening a new business or adding or dropping a partner.

Health Permit Fee: A list of annual permit fees, application fees, and prorated permit fees is attached. Payment of the fees is required at the time the health permit application is submitted. All health permits are valid through June 30th. You will be mailed an invoice in July to renew your health permit. The annual health permit fee must be paid to maintain the status of your health permit. The health permit fee is delinquent if not paid by the due date on the invoice. Penalties will be assessed at 50% of the health permit. Your permit may be suspended for non-payment of fees.

Exemption from Health Permit Fee or Service Fee: Nonprofit organizations that are classified as a 501(c)(3) organization and the legally blind are currently exempt from health permit fees. However, the application fee must be paid by all operators. Veterans that are honorably discharged are exempt from Health Permit fees and the application fee. An affidavit for exemption from health permit fees shall be submitted with the application. The affidavit may be obtained at this office or downloaded from <http://www.co.kern.ca.us/eh/> and click on the Food tab.

Health Permit Inspection: An inspection to determine compliance with the California Retail Food Code (CRFC) will be conducted after receipt of the Environmental Health Permit Application Form and payment of all fees. Your health permit will be mailed to the address you indicated on the application.

Routine Inspections: Inspections will be conducted throughout the year and these inspections will be unannounced. Inspections are conducted to ensure that operators and employees are following health laws and regulations.

Reinspection Fees: Operators that fail to comply with the laws and regulations may be charged a fee for the time used by staff to gain compliance.

Food Facility Closures: Any violations which present a risk to the health and safety of the public will result in the suspension of the health permit and immediate closure of the facility. The facility shall remain closed until the violations are corrected. These violations include, but are not limited to:

- < Lack of hot water
- < Lack of power
- < Sewage surfacing in the food establishment or parking lot
- < Evidence of a foodborne illness outbreak
- < Severe vermin infestation
- < Lack of a valid health permit to operate a food establishment

Food Safety Certification: At least one person at a food establishment shall have a food safety certification. Any employees that prepare, store, or serve food shall have a food handler card.

For Additional Assistance: Contact us at (661) 862-8740.

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)

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change Date: _____	<input type="checkbox"/> Information Change Date: _____
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Type of Ownership: Sole Proprietor Partnership Corporation Other: _____

Check all that apply:	<input type="checkbox"/> Food Facility <input type="checkbox"/> Mobile Food Facility <input type="checkbox"/> Temporary Food Facility <input type="checkbox"/> Community Event Sponsor	<input type="checkbox"/> Hotel/Motel: Total Number of Rooms _____ <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa Pool	<input type="checkbox"/> Commissary <input type="checkbox"/> Water System-Food Facility <input type="checkbox"/> Tobacco Retailer: BOE# _____
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OWNER INFORMATION

Owner Name:			
Owner Address:			
City:		State:	Zip:
Home Phone: ()	Business Phone: ()	Fax: ()	
Partner(s)/Corp Name:			
Care Of:		E-Mail Address:	
Mailing Address:			
City:		State:	Zip:

FACILITY/BUSINESS INFORMATION

Facility Name (DBA):			
Address:			
City:		State:	Zip:
Phone: ()	Alternate phone: ()	Fax: ()	
Care Of:		E-Mail Address:	
Mailing Address:			
City:		State:	Zip:
Water Provider			

BILLING INFORMATION

Mailing Address for invoice to renew annual permit: Business Mailing Address Owner Address Other

If you checked other, what is the address? _____

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.

_____ Signature of Applicant	_____ Print Name	_____ Date
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PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE.
PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.

TOBACCO RETAIL TRAINING	FOR OFFICIAL USE ONLY			
	Program ID	PE	Date Mailed	Facility ID
	Previous Owner ID	New Owner ID	Map #	Service Request #
	Total Fees Paid	Received By	Date Paid	Accounting ID