

ENVIRONMENTAL HEALTH PERMIT APPLICATION

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"/> Hotel/Motel	<input checked="" type="checkbox"/> OWTS Annual Permit
	<input type="checkbox"/> Commissary	<input type="checkbox"/> Public Pool/Spa	<input type="checkbox"/> Pumping Vehicle: Type _____
	<input type="checkbox"/> Mobile Food Facility	<input type="checkbox"/> State Small Water System	<input type="checkbox"/> Tobacco Retailer: BOE# _____
	<input type="checkbox"/> Food Water System		

OWNER/ OPERATOR INFORMATION

Owner/Operator Name:						
Owner/ Operator Address:						
City:		State:		Zip:		
Phone:	()	Cell Phone:	()	Fax:	()	
E-Mail Address(s):						
Mailing Address:						
City:		State:		Zip:		
Partner(s)/Corp Name						

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

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	SR #	Facility ID
	Previous Owner ID	New Owner ID	ON#	Map #
	Total Fees Paid	Received By	Date Paid	Accounting ID