

APPLICATION FOR FOOD FACILITY ENVIRONMENTAL HEALTH PERMIT

An Environmental Health Permit is required to sell or give away food in Kern County. Operating a food facility without a health permit is a misdemeanor (Kern County Ordinance 8.04.190).

How do I obtain a permit for a Food Facility?

- Read this document.
- Complete and sign the form.
- Provide an approved Fictitious Business Name issued by the Kern County Clerk's Office.
- Provide an approved Sellers Permit issued by the California Department of Tax and Fee Administration.
- Provide an approved Business License issued by the incorporated city or, if applicable, the Kern County Sheriff's Office.
- Pay the application, if applicable, and Environmental Health Permit fee.

Application Fee: An application fee is required for a change of ownership, opening a new business or adding or dropping a partner.

Health Permit Fee: Payment of the fees is required at the time the health permit application is submitted. All health permits are valid from July 1st through June 30th. You will receive an invoice in July to renew your health permit. If not paid by the due date on the invoice, a 50% penalty will be added to the invoice. 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) and the legally blind are exempt from health permit fees; however, the application fee is not waived. Veterans that are honorably discharged are exempt from Health Permit fees and the application fee.

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.

Reinspection Fees: Operators that do not comply with laws and regulations will be charged the department hourly fee.

Food Facility Closures: Operators should self-close under the following conditions that are a risk to the health and safety of the public:

- No hot water
- No power
- Sewage surfacing in the food establishment or parking lot
- Severe cockroach or rodent infestation
- Evidence of a foodborne illness outbreak
- Lack of a valid health permit to operate a food establishment

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

<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"/> Swimming Pool	<input type="checkbox"/> Hotel/Motel: Total Number of Rooms _____
	<input type="checkbox"/> Commissary	<input type="checkbox"/> Wading Pool	
	<input type="checkbox"/> Water System-Food Facility	<input type="checkbox"/> Spa Pool	<input type="checkbox"/> Tobacco Retailer: BOE# _____

OWNER/ OPERATOR INFORMATION

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

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	Date Mailed	Facility ID
	Previous Owner ID	New Owner ID	Map #	Service Request #
	Total Fees Paid	Received By	Date Paid	Accounting ID