



## 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 permit application form.

Copy of photo ID (driver's license, passport, California ID) of person signing the application.

Provide an approved Fictitious Business Name issued by the Kern County Clerk's Office.

Provide an approved Sellers Permit issued by the Calif. Dept of Tax and Fee Administration.

Provide an approved Business License issued by the incorporated city or, if applicable, the Kern County Sheriff's Office.

If ownership is a corporation or LLC, provide a copy of Articles of Incorporation/Organization.

Pay the application fee, if applicable, and the Environmental Health Permit fee.

**Note:** All documents listed above may be emailed to this department at: [eh@kerncounty.com](mailto:eh@kerncounty.com)

**Application Fee:** An application fee is required for a change of ownership, business name change, 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 of each year to renew your health permit. If your health permit is not paid, a 50% penalty may be added to the invoice. Your permit may also 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 (sole proprietors) that are honorably discharged are exempt from Health Permit fees and the application fee. A copy of your 501(c)(3) or DD-214 must be submitted with your application.

**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 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 or via email at [eh@kerncounty.com](mailto:eh@kerncounty.com)

# ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department  
 2700 "M" Street, Suite 300, Bakersfield, CA 93301  
 (661) 862-8740 (phone) (661) 862-8701 (fax) [eh@kerncounty.com](mailto:eh@kerncounty.com) (email)

|                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Ownership Change Date: _____ <b>Is business in continuous operation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you making any changes to menu, operations, equipment, or building? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Information Change Date: _____ |
|---------------------------------------|--|---|

Type of Ownership:  Sole Proprietor  Partnership  Corporation  LLC  Other: \_\_\_\_\_

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

## OWNER INFORMATION

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

## FACILITY/BUSINESS INFORMATION

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

## BILLING INFORMATION

Mailing Address for invoice to renew annual permit:  Business Mailing Address  Owner Address  Other (write info below)  
 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.**

|                                 |                     |               |
|---------------------------------|---------------------|---------------|
| _____<br>Signature of Applicant | _____<br>Print Name | _____<br>Date |
|---------------------------------|---------------------|---------------|

**PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE.  
 PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.**

|  |                              |              |             |                   |
|--|------------------------------|--------------|-------------|-------------------|
| <b>TOBACCO RETAIL TRAINING</b>                   | <b>FOR OFFICIAL USE ONLY</b> |              |             |                   |
|  | Program ID                   | PE           | Date Mailed | Facility ID       |
| <input type="checkbox"/> Permit Approved by REHS | Previous Owner ID            | New Owner ID | Map #       | Service Request # |
| Signature:                                       | Total Fees Paid              | Received By  | Date Paid   | Accounting ID     |