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 Date: _____

Type of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other:_____

Check all that apply:

☐ Food Facility
☐ Mobile Food Facility
☐ Temporary Food Facility
☐ Community Event Sponsor
☐ Hotel/Motel: Total Number of Rooms _____
☐ Swimming Pool
☐ Wading Pool
☐ Spa Pool
☐ Commissary
☐ Water System-Food Facility
☐ Tobacco Retailer: BOE#_____

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

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