



**Public Health Branch  
Environmental Health Division  
Application for a Permit to Operate a Food Facility**

Date Rec'd	_____
Rec'd By	_____
Payment #	_____
Amount Rec'd	_____

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ FD# \_\_\_\_\_

860 N Bush Street Ukiah, CA 95482 Phone: (707) 234-6625 Fax: (707) 463-4038

Facility Name: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_

Facility Site Address: \_\_\_\_\_ City: \_\_\_\_\_

Facility Owner(s) Name(s): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Previous Name of Facility (if known): \_\_\_\_\_

Number of Months of Operation: ☐ **Annual** (12 months / year) ☐ **Seasonal** (6 months or less)

Source of Water Supply: ☐ **Individual** (private well or system) ☐ with **Chlorinator** ☐ **Public** (City)

Method of Sewage Disposal: ☐ **Septic System** ☐ **Public or City Sewer**

Facility Building Status: ☐ **New** construction of a food facility ☐ **Remodel** of existing facility  
☐ **Existing Facility** with no Remodel

**Please Note:**

**1. If you checked either 'New' or 'Remodel' above, you must contact a health inspector to determine whether a plan check and plan check fee will be required. Plan checks shall include the following:**

☐ **Plan check fee(if applicable)** ☐ **Plans** ☐ **Equipment Cut Sheets**

**Plans and equipment MUST be approved by Environmental Health prior to beginning any construction.**

**2. Change of Ownership** or type of operation of a food facility requires a new application, a one-time administrative fee of **\$128.00** (per BOS Resolution **12-088**), and determination by the health inspector that the facility meets current code requirements prior to a new permit being issued.

**Total square footage of facility (including storage, restrooms, dining area, etc...):** \_\_\_\_\_

**Food Certification Requirement:**

Per Article 2, Section 113947(a) of the California Retail Food Code (Cal Code)...each food facility shall have an owner or employee on staff who has successfully passed an approved and accredited food safety certification examination.

No person who is employed at a food facility as the certified food handler may serve at any other food facility as their certified food handler. The certified owner or employee need not be present at the food facility for which they are certified during all hours of operation, but must be available during their regularly scheduled work hours at the facility.

Per Section 113947.3(a) certified individuals **shall be Re-Certified every 5 years** by passing an approved and accredited food safety examination.

Continue to the Back

Please check the category below which best describes your facility's type of operation:

- |   |   |
|---|---|
| <input type="checkbox"/> Restaurant > 650 sq ft or Large Facility (i.e., jail, juvenile hall, or school main kitchen) |   |
| <input type="checkbox"/> Restaurant < 650 sq ft or Medium Facility (i.e., most schools)                               |   |
| <input type="checkbox"/> Restaurant and Bar > 650 sq ft   | <input type="checkbox"/> Restaurant and Bar < 650 sq ft   |
| <input type="checkbox"/> Seasonal Restaurant (< 6 months)   | <input type="checkbox"/> Low Risk pre-packaged minimal food preparation                           |
| <input type="checkbox"/> Small Retail Market < 2,000 sq ft (i.e., with unit)  |   |
| <input type="checkbox"/> Medium Retail Market 2,000 to 10,000 sq ft   | <input type="checkbox"/> Medium Retail Market with Unit(s) – (bakery, deli, etc)                  |
| <input type="checkbox"/> Large Retail Market > 10,000 sq ft   | <input type="checkbox"/> Large Retail market with Unit(s) – (bakery, deli, etc)                   |
| <input type="checkbox"/> Bed and Breakfast – Full Breakfast   | <input type="checkbox"/> B & B – continental Breakfast  |
| <input type="checkbox"/> Fee Exempt – Non-Profit Fed Tax ID#:   | <b>**</b> <input type="checkbox"/> Fee Exempt–Veteran (Attach a readable copy of DD214) <b>**</b> |
- \*\*If either '*Fee Exempt*' box above is checked, you must also check the 'Facility Type' which best fits your facility\*\***
- |   |   |
|---|---|
| <input type="checkbox"/> Bar  |   |
| <input type="checkbox"/> Mobile Food Facility Prep Unit                     | <input type="checkbox"/> Mobile Food Facility (Cart, Transport, Support Unit)   |
| <input type="checkbox"/> Temporary Non-Hazardous Food; Single Event         | <input type="checkbox"/> Temporary Non-Hazardous food; 3 or more events / yr    |
| <input type="checkbox"/> Temporary Potentially Hazardous Food; Single Event | <input type="checkbox"/> Temporary Potentially Hazardous Food; 3 or more events |
| <input type="checkbox"/> Catering Kitchen (also permitted rental kitchen)   | <input type="checkbox"/> Catering in a permitted Kitchen                        |
| <input type="checkbox"/> Bakery   | <input type="checkbox"/> Bakery with Unit(s) – (deli, restaurant, etc)          |
| <input type="checkbox"/> Produce Stand or Truck                             | <input type="checkbox"/> Certified Farmers Market                               |
| <input type="checkbox"/> Organized Camp                                     |   |
| <input type="checkbox"/> Vending Machines (1-10)                            | <input type="checkbox"/> Vending Machines (11 or more)                          |

**Please include (If Applicable):**      ☐ Floor Plan      ☐ Equipment Cut-Sheets      ☐ Plan Check Fee

In applying for this permit:

The applicant agrees to allow inspections by the health inspector in order to ascertain compliance with food laws.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Printed): \_\_\_\_\_ Food Facility ID#: \_\_\_\_\_