

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	

Appro	ved By:		Da	te:	FD# 	
860 N Bush S	treet	Ukiah, CA	95482	Phone:	(707) 234-6625	Fax: (707) 463-4038
Facility Nam	ne:				Facility Phone #:	
Facility Site	Address:				City & Zip Code:	
Facility Owr	er(s) Name(s):				Contact Phor	ne:
Facility Mail	ing Address:				City & Zip Code:	
Previous Name of Facility (if known):						
Number of I	Months of Opera	tion:	Annual (12 months / ye	ear) 🗌 Seasona	I (6 months or less)
Source of W	ater Supply:	☐ Individu	al (private well	or system) [with Chlorinator	☐ Public (City)
Method of Sewage Disposal: Septic System Public or City Sewer						wer
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:						
☐ Pla	n check fee(if a	oplicable)	□ P	lans	☐ Equipme	ent Cut Sheets
Plans a	nd equipment N	//UST be app	roved by Envir	onmental Hea	Ith prior to beginning	any construction.
of \$12 8		solution 12-08	88), and determi	nation by the he	ealth inspector that the f	e-time administrative fee acility meets current
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

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