

## Food Facility Health Permit Application

**Facility Information**

Facility Name (DBA): \_\_\_\_\_  
 Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Manager or Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail (to receive notices, invoices, inspection reports, etc.): \_\_\_\_\_

**Owner Information**

Owner Name: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Driver's License: \_\_\_\_\_ ST: \_\_\_\_\_ Tax ID: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Account Information**

Acct. Holder Name: \_\_\_\_\_ Attn. to / Care of: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mail Invoice To:** Facility:  or Owner/Operator:  or Acct. Holder:

**Change of Ownership/Operator (Only)**

Date of ownership change: \_\_\_\_\_ Previous Owner/Operator: \_\_\_\_\_  
 Will there be a change in operation? Yes:  No:  Anticipated date of operation? \_\_\_\_\_

If Yes, explain new operation:

Will there be any remodeling? Yes:  No:

If Yes, explain what will be remodeled:

If yes, construction plans, plan check application and fees shall be submitted.

Will any of the equipment be changed or moved? Yes:  No:

If yes, submit a list of new equipment(s) or equipment(s) to be moved and site plan.

**Utility Service**

Trash collection service provided by?

Check the type of water and sewer services provided.

**Water:** Public  Private  **Sewer:** Public  Private

**Office Use Only**

Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Pay Type: \_\_\_\_\_ #: \_\_\_\_\_ FA#: \_\_\_\_\_ Rcvd by: \_\_\_\_\_

**Food Facility Operation**

What's the square footage of your food facility? \_\_\_\_\_

Check the box that best describes the type of food facility (**Check one box**)

<input type="checkbox"/> Market/Retail Food/Restaurant ≤ 1,500 SQ. FT.	<input type="checkbox"/> Commissary
<input type="checkbox"/> Market/Retail Food/Restaurant 1,501 - 5,000 SQ. FT.	<input type="checkbox"/> Satellite Food Distribution Facility
<input type="checkbox"/> Market/Retail Food/Restaurant 5,001 - 10,000 SQ. FT.	<input type="checkbox"/> Vending Machine - PHF Only
<input type="checkbox"/> Market/Retail Food/Restaurant ≥ 10,000 SQ. FT.	<input type="checkbox"/> School Cafeteria
<input type="checkbox"/> Market/Retail Food (Pre-Packaged Non-PHF)	<input type="checkbox"/> Caterer
<input type="checkbox"/> Other (Describe): _____	

**Sporting Event Food Concession**

Season of Operation (MM/DD/YY): \_\_\_\_\_ to \_\_\_\_\_ Hours of Operation (please indicate AM/PM): \_\_\_\_\_ to \_\_\_\_\_

Days of Operation (please check all that apply):  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Type of Operation:  Prepackaged Food Only  Limited Food Preparation (i.e. heat and serve foods)  Full Food Preparation

Type of Operation:  Seasonal (Open less than 6 months per calendar year)  Annual (Open 6 months or more per calendar year)

Applicant's Name: \_\_\_\_\_  
*Please Print*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Owner of Authorized Agent*

**Environmental Health Use Only**

Comments:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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