

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: _____

Owner 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: _____

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 or equipment to be moved and a 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

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 \leq 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 \geq 10,000 SQ. FT.	<input type="checkbox"/> School Cafeteria
<input type="checkbox"/> MEHKO (Microenterprise Home Kitchen Operations)	<input type="checkbox"/> Caterer
<input type="checkbox"/> Micro Market	
<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): <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Type of Operation: <input type="checkbox"/> Prepackaged Food Only <input type="checkbox"/> Limited Food Preparation (i.e. heat and serve food) <input type="checkbox"/> Full Food Preparation	
Type of Operation: <input type="checkbox"/> Seasonal (Open less than 6 months per calendar year) <input type="checkbox"/> 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**☐ **Low Risk**☐ **Moderate Risk**☐ **High Risk**

Comments:

Approved By: _____ Date: _____

Imperial County Public Health Department, Environmental Health Division
 1221 W. State St., Suite B, El Centro CA 92243
 Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org