

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY - ENVIRONMENTAL HEALTH SERVICE

701 Ocean Street, Room 312, Santa Cruz, California 95060 (831) 454-2022, FAX: (831) 454-3128 www.sceeh.com

FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION

Applicant: Answer all questions completely. Sign and date below. Retain yellow copy.
Submit 2 copies to Environmental Health Services [Print or type]

MAIL PAYMENT WITH APPLICATION FEE ENCLOSED: \$ _____

CHECK ONE: NEW APPLICATION RENEWAL CHANGE IN OWNERSHIP CHANGE IN CATEGORY

Owner(s)Name(s): _____

Business Name (DBA): _____

Business Location: _____

Mailing Address: _____ CITY _____ STATE _____ ZIP _____
(if different from above) E-Mail Address: _____

Business Phone Number: (____)_____, Other Phone Number: (____)_____, FAX: (____)_____

Previous Business Name: (At above location, if applicable) _____

CHECK ONE:

<u>FOOD SERVICE</u>	<u>FOOD PROCESSING</u>	<u>FOOD VENDING (CONTINUED)</u>
0 - 25 SEATS	LESS THAN 1,000 SQ. FT.	+ 3 FOOD PREP./PROC.
26 - 50 SEATS	1,000 SQ. FT. OR GREATER	SWAPMEET PRE-PKG'D (TYPE OF FOOD):
51 - 75 SEATS	<u>FOOD VENDING</u>	_____
76-100 SEATS	2,000 SQ. FT. OR LESS	LIMITED FOOD SALES
101 - OR MORE SEATS	+ 1 FOOD PREP./PROC.	PRODUCE STAND
BED & BREAKFAST	+ 2 FOOD PREP./PROC.	CERTIFIED FARMER'S MARKET
THEATER SNACK BARS	+ 3 FOOD PREP./PROC.	<u>COMMISSARY</u>
BARS, ON SALE, NO FOOD	2,001 SQ. FT. TO 5,999 SQ. FT.	LESS THAN 1000 SQ. FT. STORAGE AREA
CATERER	+ 1 FOOD PREP./PROC.	MORE THAN 1000 SQ.FT. STORAGE AREA
<u>BAKERY</u>	+ 2 FOOD PREP./PROC.	<u>FOOD CENTRAL EST. KITCHEN</u>
LESS THAN 2,000 SQ. FT.	+ 3 FOOD PREP.PROC.	LESS THAN 1000 SQ. FT. PREP/STORAGE
2,001 SQ. FT. TO 2,999 SQ.FT.	6,000 SQ. FT. OR GREATER	MORE THAN 1000 SQ. FT. PREP/STORAGE
3,000 SQ.FT. OR GREATER	+ 1 FOOD PREP./PROC.	<u>OTHER</u> _____
	+ 2 FOOD PREP./PROC.	_____

I (we) agree to operate in compliance with all applicable State Laws and regulations and pertinent local ordinances and regulations. I certify that the information herein is correct to the best of my (our) knowledge.

Signature(s):

Print Name & Title

Date:

_____, 200__

_____, 200__

OW: _____ FA: _____ **FOR OFFICE USE ONLY** Check #: _____ Check Date: ___/___/20__

PERMIT #: _____, FEE: \$ _____, CASH-CHK, RECORD ID #: PR000 _____, PE: 16 _____, DIST #: _____, LOC: _____

APPLICATION APPROVED BY: _____, R.E.H.S. DATE: _____, 200__

DISTRIBUTION: WHITE - EHS OFFICE YELLOW - OWNER PINK - FISCAL CONTROL