Division of Environmental Health
100 H Street - Suite 100 - Eureka, CA 95501
Phone: 707-445-6215 - Toll Free: 800-963-9241
Fax: 707-441-5699
envhealth@co.humboldt.ca.us

APPLICATION FOR PERMIT TO OPERATE A FOOD FACILITY

☐ **New** ☐ **Facility Update** ☐ **Change of Ownership Effective:** _____ **Veteran Exempt?:** ☐ Yes ☐ No

FOOD FACILITY PERMIT TYPE

☐ **Full Prep** ☐ **Minimal Prep** ☐ **No Prep** ☐ **School** ☐ **Multiple Unit** ☐ **Other** _____	REQUIRES SUPPLEMENTAL APPLICATION: ☐ **Mobile Food Facility** **Compact Mobile Food Operation** ☐ Yes ☐ No ☐ **Commissary** ☐ **Catering** ☐ **Farmers' Market**

☐ **Year-round** ☐ **Seasonal** – open _____ to _____ If seasonal, choose one: ☐ 8 months ☐ 4 months

FACILITY INFORMATION

Name of Facility:	
Previous Facility Name:	
Site Address: Street	City & Zip
Jurisdiction: ☐ Unincorporated Area ☐ Within City Limits Provide City Name	
E-mail Address:	**Business Phone:**

PERMIT TO BE ISSUED TO: (Entity or person that is legally responsible for the operation of the food facility)

IF THE BUSINESS/PERMIT HOLDER IS A CORPORATION, PLEASE ATTACH A COPY OF ARTICLES OF INCORPORATION

Permit Holder Name:	**Phone Number:**
Co-Owner Name (if applicable)**:**	
Permit Mailing Address: Street	City & Zip

IF THE BILLING CONTACT IS DIFFERENT THAN PERMIT HOLDER PROVIDE INFORMATION HERE:

Billing Contact Name:	
Billing Mailing Address: Street	City & Zip
Billing E-mail Address:	**Phone Number:**

Water Supply: ☐ Individual ☐ Public – supplier: _____

Type of Sewage System: ☐ Individual ☐ Public – supplier: _____

Applicant Signature:	**Date:**

* FOR OFFICE USE ONLY *

Permit Fee: $	☐ Cash ☐ Check #: _____	**Receipt number:**	**Veteran Exemption verified by**: **Billing Date**:
Online Payment Conf. #:		**Date of Payment:**	**OA Initials and date entered**:
Application #:		**Permit #:**	

District: ☐ MFF ☐ Arcata ☐ Eureka (North) ☐ Eureka (South) ☐ Mid-County ☐ North ☐ South

Approving REHS/EHS Signature:	Signature Date:
Senior REHS Signature:	Signature Date: