



FOR OFFICE USE ONLY	
Amt Due:	_____
Date Received:	_____
Receipt #:	_____
Invoice #:	_____

Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

APPLICATION FOR FOOD FACILITY PERMIT

Submit completed application to Environmental Health via email to Business@placer.ca.gov. You may be contacted via phone or email for clarification. Applicants submitting via email will receive an emailed copy of their invoice for the health permit fee. **All fees are due and must be paid prior to first day of operation.**

Update Information Change of Owner Business Name Change New Business

Seasonal Facility (Indicate months business will be in operation): _____

Select primary mailing address for permit and future invoicing: Owner Facility

OWNER DETAILS	Name: _____
	Mailing Address: _____
	Email: _____
	Phone: _____
	Emergency Phone: _____

FACILITY DETAILS	Business Name: _____
	Physical Address: _____
	Mailing Address: _____
	Phone: _____
	Alternate Phone: _____
	Name of Previous Business at this Location: _____
Square Footage: <input type="checkbox"/> <500 <input type="checkbox"/> 500 - 5,000 <input type="checkbox"/> >5,000 Seating Capacity: <input type="checkbox"/> 0-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> ≥100	

Indicate the level of food and beverage service:

Market, prepackaged items only Food preparation: deli, beverage service, restaurant with or without hood
 Market, prepackaged items & food preparation Host Facility

I understand that any construction, remodeling or repair, equipment changes, a menu change or change in facility's method of operation requires Environmental Health review and approval. _____ Initials

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

Signature: _____ Title: _____ Date: _____

Below for Office Use Only			
OW _____	FA _____	PR _____	PE _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By (REHS): _____	Date: _____