



CALAVERAS COUNTY
 ENVIRONMENTAL HEALTH DEPARTMENT
 891 Mountain Ranch Road San Andreas, CA 95249
 Phone: 209-754-6399 Fax: 209-754-6722

Food Facility Permit Application

Establishment Name _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Operator(s) Name _____

Current Phone _____ Emergency Phone _____

Prior Operator Name _____ Prior Facility Name _____

Establishment Type (check applicable box): Restaurant Bar Mobile Food Unit Market
 Bed & Breakfast Other (specify) _____

Type of Food Sales (complete each line):
 Limited menu (specify briefly): _____
 With alcoholic beverage service without alcoholic beverage service
 With food service on the premises without food service on the premises
 Day(s) / hours of operation: _____

Food Safety Certified Operator(s) _____ Certified Date _____

Sewage Disposal: Private or Public Utility _____ name _____

Water Supply: Private or Public Utility _____ name _____

Solid Waste Disposal: Self or Commercial Collection _____ name _____

Application Submitted By _____ Date _____

Below For Office Use Only

	<u>Fees</u>	<u>Receipt #</u>	<u>Date</u>
Plan Check Deposit	_____	_____	_____
Plan Revision	_____	_____	_____
Change of Ownership	_____	_____	_____
Permit Fee	_____	_____	_____
TOTAL	_____	_____	_____