



# PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 County Hospital Road, Ste. 127 Quincy, CA 95971

Phone: (530) 283-6355 ~ Fax: (530) 283-6241

## Application for Permit to Operate a Food Facility

PLEASE COMPLETE ALL FIELDS ON FRONT AND BACK OF THIS FORM FOR EACH FACILITY

<b>Owner</b>	Owner Name _____ Phone ( ) _____ Cell Phone ( ) _____
	Physical Address _____ City _____ State ____ Zip _____ (Please do not use facility address. Owners are listed as the primary contact for emergencies. This is <u>only</u> used for this purpose)
	Mailing Address _____ City _____ State ____ Zip _____
<b>Facility</b>	Business Name: _____ Email: _____
	Physical Address _____ City _____ Zip _____
	Mailing Address _____ City _____ State ____ Zip _____
	Phone ( ) _____ Alternate Phone ( ) _____ FAX( ) _____
	Operator/Manager Name (If different from above): _____ Phone: ( ) _____
	Mailing Address _____ City _____ State ____ Zip _____
<b>Billing</b>	Please Send Invoices and Correspondence To: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Facility
	NOTE: Invoices will be sent to owner unless otherwise noted.

### EMERGENCY CONTACT INFORMATION

(Environmental Health will use this information in response to an emergency where rapid notification is necessary. Please list a person **other than the owner** who may be contacted if the Owner cannot be reached.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Day Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

<input checked="" type="checkbox"/>	TYPE OF PERMIT <b>(ALL FEES ARE NON-REFUNDABLE &amp; NON-TRANSFERABLE)</b>	FEE	PE
<input type="checkbox"/>	Food-Bev Large Fac. Permit (Prep Area 500 sq. ft. or larger or Seating Capacity of 25 or more)	\$294.00	1601
<input type="checkbox"/>	Food-Bev Large Fac. Permit Veteran's Exempt*	<b>\$0.00</b>	1651
<input type="checkbox"/>	Food-Bev Small Fac. Permit (Prep Area 500 sq. ft. or less or a Seating Capacity of 24 or less)	\$193.00	1602
<input type="checkbox"/>	Food-Bev Small Fac. Permit Veteran's Exempt*	<b>\$0.00</b>	1650
<input type="checkbox"/>	Food-Bev Non-Prep Fac. Permit (Pre-packaged goods only)	\$92.00	1603
<input type="checkbox"/>	Food-Bev Non-Prep Veteran's Exempt*	<b>\$0.00</b>	1652
<input type="checkbox"/>	Class "A" Cottage Food Annual Registration (Direct Sales Only)	\$29.00	1640
<input type="checkbox"/>	Class "B" Cottage Food (Direct & Indirect Sales-Includes Registration Fee)	\$94.00	1641
<input type="checkbox"/>	Food/Bev Satellite Permit	\$74.00	1607
<input type="checkbox"/>	Mobile Food Facility # of vehicles _____	\$112.00ea	1631
<input type="checkbox"/>	Mobile Food Facility-Expedited (If within 2 weeks of Event) # of vehicles _____	\$198.00ea	1632
<input type="checkbox"/>	Mobile Food Facility Veteran's Exempt* # of vehicles _____	<b>\$0.00</b>	1654
<input type="checkbox"/>	Temporary Food Facility (Non Profit as defined by CalCode 501c3) # of booths _____	<b>\$0.00</b>	1620
<input type="checkbox"/>	Temporary Food Facility # of booths _____	\$112.00ea	1621
<input type="checkbox"/>	Temporary Food Facility-Expedited (If within 2 weeks of Event) # of booths _____	\$198.00ea	1622
<input type="checkbox"/>	Temporary Food Facility Veteran's Exempt* # of booths _____	<b>\$0.00</b>	1653
<input type="checkbox"/>	Food-Bev Produce Stand (As defined in CalCode)	\$62.00	1605
<input type="checkbox"/>	Food-Bev Vehicle Non-Prep Retail Vehicle(Non Prep Produce Trucks, Non Prep Frozen Food Vehicles)	\$61.00	1604
<input type="checkbox"/>	Food/Bev Vending Machine (Perishable)	\$60.00	1606
<input type="checkbox"/>	Environmental Health Plan Check & Consultation for New/Remodel Facility-Large Facility	\$318.00	1660
<input type="checkbox"/>	Environmental Health Plan Check & Consultation for New/Remodel Facility-Small Facility	\$180.00	1661
<input type="checkbox"/>	Environmental Health Food Facility Re-Inspection	\$121.00ea	1662

\* ALL Veteran's Exempt applicants **must** submit DD 214 Documentation with this application. NOTE: Fees will apply if alcoholic beverages are served in the facility.

**FOR TEMPORARY/MOBILE FOOD FACILITIES ONLY (Menu must be included with application)**

**List Events you Plan to Attend in Plumas County**


Food is Prepared: Onsite  Offsite  Location (If offsite): \_\_\_\_\_

Handwashing and Sanitation Equipment used: \_\_\_\_\_

**FOR MOBILE FOOD FACILITIES ONLY (Information of mobile food vehicle, not personal motor vehicle)**

Vehicle Make: \_\_\_\_\_ License Number: \_\_\_\_\_ VIN: \_\_\_\_\_

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**FIXED FACILITY REMODEL / CONSTRUCTION**

Remodel? Yes or No (If yes, construction plans and plan check application with fees must be submitted)

Moving and/or Changing of Equipment? Yes or No

Building permit required or obtained? Yes or No

**CHANGE OF OWNERSHIP/OPERATOR ONLY**

Date of Change \_\_\_\_\_

Change in Food Service Operation? Yes or No Explain \_\_\_\_\_

**FOOD HANDLER CERTIFICATION (Not Applicable for Temporary Food Facilities)**

Name of Certified Food Handler for this Facility \_\_\_\_\_ Date Certified \_\_\_\_\_

NOTE: You must submit documentation of Certification to this Department within Sixty (60) days of opening your facility. State law requires re-certification every Five (5) years

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby make application for a permit to operate the above facility in accordance with the state health laws and local ordinances and regulations. **FOR OFFICE USE ONLY**

Date Payment Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Check No: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

New Construction/Remodel  Change of Ownership  Information Update  Permit Renewal  Other \_\_\_\_\_

Facility ID #: \_\_\_\_\_ Program ID #: \_\_\_\_\_ Owner ID #: \_\_\_\_\_

Previous Facility/Business: \_\_\_\_\_

Planning Approval By: \_\_\_\_\_ Date: \_\_\_\_\_ Building Department Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

Environmental Health Specialist Approval By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Issued By: \_\_\_\_\_ Date: \_\_\_\_\_