



**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
 2120 DIAMOND BOULEVARD, SUITE 100  
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 www.cchealth.org/eh/



## FACILITY EVALUATION APPLICATION FOOD FACILITY AND PUBLIC POOLS

(FIRST STEP IN POSSIBLE CHANGE OF PERMIT HOLDER)

APPLICATION FEE IS DUE AND NON-REFUNDABLE (SERVICE FEES AND PERMIT FEES ARE ADDITIONAL, REFER TO FEE SCHEDULE)

**SECTION 1: Type of facility**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Restaurant _____ # seats                        | <input type="checkbox"/> Commissary – Vehicle/Carts               | <input type="checkbox"/> Pool / Spa                            |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft.              | <input type="checkbox"/> Snack Bar                                | <input type="checkbox"/> Additional Pool / Spa # _____         |
| <input type="checkbox"/> Charitable Feeding                              | <input type="checkbox"/> Production Kitchen (Restaurant)          | <input type="checkbox"/> Recreational Water Park               |
| <input type="checkbox"/> Registered Exempt Retail Market _____ # sq. ft. | <input type="checkbox"/> Production Kitchen (Non-Restaurant)      | <input type="checkbox"/> Spray Grounds                         |
| <input type="checkbox"/> Incidental Retail Food Market _____ # sq. ft.   | <input type="checkbox"/> Farm Stand                               | <input type="checkbox"/> Recreational Water Park               |
| <input type="checkbox"/> Bakery _____ # sq. ft.                          | <input type="checkbox"/> School Cafeteria                         | <input type="checkbox"/> Skilled Nursing Facility _____ # beds |
| <input type="checkbox"/> Food Demonstrator                               | <input type="checkbox"/> School Satellite                         | <input type="checkbox"/> Host Facility                         |
| <input type="checkbox"/> Cocktail Lounge/Bar                             | <input type="checkbox"/> Seasonal Fixed Facility                  | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Vending Machine                                 | <input type="checkbox"/> Site Evaluation (No Change of Ownership) |  |

**SECTION 2: Attachments with Application Required**

- |  |  |
|--|--|
| <input type="checkbox"/> Menu (if food facility)                                   | <input type="checkbox"/> Copy of Valid Identification                                |
| <input type="checkbox"/> Facility Risk Category Questionnaire (if a food facility) | <input type="checkbox"/> Plan Review vs. Food Facility Code Evaluation Questionnaire |

**SECTION 3: Contact Information**

**A. Facility:**

<b>PROSPECTIVE</b> FACILITY (BUSINESS) NAME / DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
<b>CURRENT</b> FACILITY (BUSINESS) NAME / DBA:		

**B. New Permit Holder:**

PROSPECTIVE PERMIT HOLDER'S NAME:		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Co-Owners <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP (Please provide identification or documentation)	
MAILING ADDRESS: (MUST BE DIFFERENT FROM FACILITY ADDRESS)			
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:	
EMAIL:			
CONTACT FOR INSPECTION:		PHONE #: (IF DIFFERENT FROM ABOVE)	

**SECTION 4: Terms/Signature** The undersigned hereby certifies all the information provided on this application is true and accurate.

**PERMITS ARE NOT TRANSFERABLE**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name please print): \_\_\_\_\_

**FOR OFFICE USE ONLY**

FA#:	PR#:	AR#:	SR#:	P/E:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$		AMOUNT PAID: \$		CHECK #:	CREDIT CARD: <input type="checkbox"/>	CASH <input type="checkbox"/>	RECEIPT #: XR	