



CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION
 2120 DIAMOND BOULEVARD, SUITE 100
 CONCORD, CA 94520
 (925) 608-5500 (925) 608-5502 FAX
 www.cchealth.org/eh/



PERMIT TO OPERATE APPLICATION
FOOD FACILITY AND PUBLIC POOL

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"/> Incidental Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Production Kitchen (Non-Restaurant) | <input type="checkbox"/> Spray Grounds |
| <input type="checkbox"/> Bakery _____ # sq. ft. | <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Skilled Nursing Facility _____ # beds |
| <input type="checkbox"/> Food Demonstrator | <input type="checkbox"/> School Cafeteria | <input type="checkbox"/> Host Facility |
| <input type="checkbox"/> Cocktail Lounge/Bar | <input type="checkbox"/> School Satellite | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vending Machine | <input type="checkbox"/> Seasonal Fixed Facility | |

SECTION 2: Contact Information

(Facility Address and Permit Holder Address must be different addresses)

If ONLY Change of Facility Name (DBA), Change of Address or Co-Owner Add / Drop Name - Complete Sections 1, 2A, 7 and 8.

A. Facility Name and Address: Is postal mail delivered at the facility? Yes (If yes, please skip Part B) No (If no, please complete Part B)

NEW FACILITY (BUSINESS) NAME / DBA:		
ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
PREVIOUS FACILITY NAME / DBA:		

B. Facility (Mailing) Address:

ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

C. Permit Holder Name and Address: (Permit Holder Address and Facility Address must be different addresses)

PERMIT HOLDER NAME	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Co-Owners <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP <i>(Please provide identification or documentation with application)</i>	
ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

D. Accounts Receivable (Invoice) Address:

IN CARE OF (Billing Office or Person in Charge):		
ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

E. Email Address: For **Official Inspection Reports**. Email address that is provided needs to be able to **accept email from external email addresses. (REQUIRED)**

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