

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH AND SAFETY**

625 5th Street ❖ Santa Rosa, CA 95404

❖ www.sonoma-county.org/health/about/publichealth_ehs.asp ❖

(707) 565-6565 ❖ FAX (707) 565-6525

RETAIL FOOD FACILITY PERMIT APPLICATION

APPLICANT: Answer all questions completely. Sign and date below. Retain last copy. Submit original to Environmental Health and Safety. *Please print or type.*

Business Name _____ Phone _____

Address _____ Suite _____

City _____ State _____ Zip _____ AP# _____

Owner(s) name(s) _____

Mailing address (if different from above)

Street/PO Box _____ Suite _____

City _____ State _____ Zip _____ Phone _____

Previous name of business at this location (if applicable) _____

Opening date _____ Fee enclosed \$ _____

PLEASE MAIL PAYMENT WITH THIS APPLICATION

I (we) understand that a permit is issued upon inspection of the above named food facility when it is in substantial compliance with applicable state law and county code. Fees are not prorated. The permit is valid for twelve months, or as otherwise noted on the permit, and shall be renewed annually by payment of fees determined by the Board of Supervisors.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees, shall be deemed delinquent. Permits that continue to remain delinquent will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-4(n).*

The permit may be suspended or revoked for good cause. The permit is not transferable upon change of ownership and is valid only for the location/facility listed above.

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Print name(s) _____ Signature(s) _____ Date _____

Print name(s) _____ Signature(s) _____ Date _____

Original application Change of ownership Renewal

For office use only:

PE _____ District _____ PR # _____ Guar. # _____

Renewal mo. _____ Seasonal Issued _____ EHS approval _____ Amount rec'd \$ _____

Cash Check Check/Credit Card Trans# _____ Date rec'd _____ By _____