ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department
2700 "M" Street, Suite 300, Bakersfield, CA 93301

☐ New Business	☐ Ownership Change Date: _____	☐ Information Change Date: _____
Type of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation		☐ Other:_____
Check all that apply:	☐ Food Facility ☐ Commissary ☐ Water System-Food Facility	☐ Swimming Pool ☐ Wading Pool ☐ Spa Pool ☐ Hotel/Motel: Total Number of Rooms _____ ☐ Tobacco Retailer: BOE#_____

OWNER/ OPERATOR INFORMATION

Owner/Operator Name:					
City:		State:		Zip:	
Phone:	( )	Cell Phone:	( )	Fax:	( )
E-Mail Address(s):					
Mailing Address:					
City:		State:		Zip:	
Partner(s)/Corp Name					
City:		State:		Zip:	
Phone:	( )	Cell Phone:	( )	Fax:	( )

FACILITY/BUSINESS INFORMATION

Facility Name (DBA):					
Address:					
City:		State:		Zip:	
Phone:	( )	Alternate phone:	( )	Fax:	( )
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	
Water Provider					

BILLING INFORMATION

Mailing Address for invoice to renew annual permit: ☐ Business Mailing Address ☐ Owner Address ☐ Other

If you checked other, what is the address? _____

Care of:_____

Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.

_____	_____	_____
Signature of Applicant	Print Name	Date

PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE.
PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.

TOBACCO RETAIL TRAINING	***FOR OFFICIAL USE ONLY***			
	Program ID	**PE**	**Date Mailed**	**Facility ID**
	Previous Owner ID	**New Owner ID**	**Map #**	**Service Request #**
	Total Fees Paid	**Received By**	**Date Paid**	**Accounting ID**