COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH DIVISION

475 Aviation Blvd., Suite 220 ❖ Santa Rosa, CA 95403
(707) 565-6531 ❖ FAX (707) 565-6525 ❖ www.sonoma-county.org

RETAIL FOOD FACILITY PERMIT APPLICATION

APPLICANT: Answer all questions completely. Sign and date below. Retain last copy. Submit original to the Environmental Health Division. ***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) _____

Date business will open _____ 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. 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.

Date _____ Signature(s) _____

_____

Print name(s) _____

[ ] Original application [ ] Change of ownership [ ] Renewal

For office use only:

Category _____ Level _____ District _____ ID # _____ Guar. # _____

Renewal mo. _____ [ ] Seasonal Issued _____ REHS approval _____ Amount rec'd $_____

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