



APPLICATION FOR HEALTH PERMIT

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE				
FACILITY INFORMATION				
First Date of Operation:		Former Facility Name (if applicable):		
Facility Name:				
Care Of:			Email:	
Address:		City:	State:	Zip:
Phone Number:		Alternate Phone Number:		Fax Number:
LEGAL OWNER INFORMATION				
Owner of Facility:			Phone Number:	
Address:		City:	State:	Zip:
INVOICE INFORMATION				
Care Of:				
Address:		City:	State:	Zip:
<p>ALL FEES ARE DUE AND PAYABLE PRIOR TO FIRST DAY OF OPERATION. MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY</p> <p>Application and fee must be submitted prior to operation by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.</p> <p>I shall notify this agency in writing if I transfer ownership, discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.</p> <p>I AM HEREBY APPLYING FOR HEALTH SERVICES AND PERMIT to establish and/or operate the business mentioned above, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and San Bernardino County pertaining to said business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.</p> <p>Initials _____ I understand that any construction, alteration or repair, including but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires Environmental Health Services (EHS) review and approval.</p>				
<input type="checkbox"/> Electronic Signature Only By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.				Date:
Signature:				
Print Name:		Title:		
For Office Use Only				
Fee:	FA Number:	Record ID:	Program Identifier:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N		Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Service Request:	FDA Category:	Plan Checker Initials:

FOOD FACILITIES	Seating Capacity: _____ or _____		Number of Soft Serve/Yogurt Machines: _____				
	Square Footage: _____ or _____		Number of Vending Machine Units: _____				
		<input type="checkbox"/> Catering Host Facility <input type="checkbox"/> Food Bank <input type="checkbox"/> Food Pantry					
SNACKBARS	Days of Snack Bar Operation (MM/DD/YY to MM/DD/YY): _____ to _____		Hours of Snack Bar Operation (indicate AM/PM): _____ to _____				
	Days of Operation (check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday						
	Type of Operation: <input type="checkbox"/> Prepackaged Food Only <input type="checkbox"/> Limited Food Preparation (i.e. heat and serve foods) <input type="checkbox"/> Full Food Preparation						
Type of Permit: <input type="checkbox"/> Seasonal (Open less than 6 months per calendar year) <input type="checkbox"/> Annual (Open 6 months or more per calendar year)							
MOBILE FOOD FACILITIES (MFF)/SIDEWALK VENDING	<input type="checkbox"/> Vehicle – Food Preparation	<input type="checkbox"/> Vehicle – Prepackaged PHF	<input type="checkbox"/> Vehicle – Prepackaged Non PHF	<input type="checkbox"/> Cart – Food Preparation	<input type="checkbox"/> Cart – Prepackaged Food	<input type="checkbox"/> Mobile Support Unit	<input type="checkbox"/> Sidewalk Vendor
	<input type="checkbox"/> Hot Truck <input type="checkbox"/> Coffee Truck <input type="checkbox"/> Shaved Ice Truck <input type="checkbox"/> Other	<input type="checkbox"/> Ice Cream Truck <input type="checkbox"/> Catering (Cold) Truck <input type="checkbox"/> Other	<input type="checkbox"/> Produce Truck <input type="checkbox"/> Other	<input type="checkbox"/> Hot Dog Cart <input type="checkbox"/> Coffee Cart <input type="checkbox"/> Other	<input type="checkbox"/> Ice Cream Cart <input type="checkbox"/> Other		<input type="checkbox"/> Stationary <input type="checkbox"/> Roaming (walking)
	Do you operate in an unincorporated County area? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Mobile Food Facilities operating in unincorporated County areas may be required to obtain a Business License from the Clerk of the Board.						
	List the following information below.						
	Driver License Number:	License Plate Number:	VIN Number:	Make:	Year:	Decal Number:	
	Commissary Information <input type="checkbox"/> Form A (Inside San Bernardino County) <input type="checkbox"/> Form B (Outside San Bernardino County)						
	REC. HEALTH (POOLS/SPAS)	NUMBER OF	DETAILS				
		Pools:	Program Identifier (i.e. pool at office)				
		Spas:	Capacity (gals)				
Wading:		Max Flow Rate (GPM)					
Water Slides:		Surface Area (ft. ²)					
Swim Beaches:		Max Occupancy (persons)					
HOUSING	Number of Units: _____		Camp Capacity (Campers and Staff): _____				
	NOTE: Multi-family dwellings in the unincorporated County areas have been provided information to obtain a County Business License.						
VECTOR	Number of Birds: _____		Number of Horses: _____				
WATER	Number of Connections: _____						
WASTE HAULERS	License Number:	Make:	Year:	Decal Number:	Gallons (if applicable):		
	Total Vehicle Count: _____ (Use a separate sheet of paper if necessary)						
BODY ART	Type of Facility	Activities (Indicate all that apply)					
	<input type="checkbox"/> Permanent <input type="checkbox"/> Mobile	<input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding					
WASTE	<input type="checkbox"/> Small Quantity Generator (less than 200 lbs. of medical waste generated per month without onsite treatment)						
	<input type="checkbox"/> Small Quantity Generator (less than 200 lbs. of medical waste generated per month with onsite treatment)						
	<input type="checkbox"/> Large Quantity Generator (more than 200 lbs. of medical waste generated per month)						
	<input type="checkbox"/> Common Storage Facility (storage area shared by more than one Small Quantity Generator)						