SAN BERNARDINO COUNTY
Public Health
Environmental Health Services

385 N Arrowhead Ave, 2nd floor, San Bernardino, CA 92415
Phone: 800.442.2283
Fax: 909.387.4323
wp.sbcounty.gov/dph/programs/ehs

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:		
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:

ALL FEES ARE DUE AND PAYABLE PRIOR TO FIRST DAY OF OPERATION.
MAKE CHECKS PAYABLE TO: COUNTY OF SAN BERNARDINO

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.

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.

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND PERMIT to establish and/or operate the above mentioned business, 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 the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

_____ **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.

☐ **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: ☐ Y ☐ N	Designated Employee:		Received By:	Date:
Check One: ☐ New ☐ Transfer ☐ Reactivate		Service Request:	FDA Category:	Plan Checker Initials:

FOOD FACILITIES

Seating Capacity: or

Square Footage: or

Number of Limited Health Care Beds:

Number of Soft Serve/Yogurt Machines:

Number of Vending Machine Units:

SNACK BARS

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): ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday

Type of Operation: ☐ Prepackaged Food Only ☐ Limited Food Preparation (i.e. heat and serve foods) ☐ Full Food Preparation

Type of Permit: ☐ Seasonal (Open less than 6 months per calendar year) ☐ Annual (Open 6 months or more per calendar year)

MOBILE FOOD FACILITIES (MFF)

☐ **Vehicle – Food Preparation**	☐ **Vehicle - Prepackaged PHF**	☐ **Vehicle - Prepackaged Non PHF**	☐ **Cart – Food Preparation**	☐ **Cart – Prepackaged Food**	☐ **Mobile Support Unit**
☐ Hot Truck ☐ Coffee Truck ☐ Other	☐ Ice Cream Truck ☐ Catering (Cold) Truck ☐ Other	☐ Produce Truck ☐ Other	☐ Hot Dog Cart ☐ Coffee Cart ☐ Other	☐ Ice Cream Cart ☐ Other	

Do you operate in an unincorporated County area? ☐ Yes ☐ No

Mobile Food Facilities operating in unincorporated County areas must 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 ☐ Form A (Inside San Bernardino County) ☐ 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:

BACKFLOW CERTIFICATION

☐ Tester Only

☐ Commercial List

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

☐ Permanent

☐ Mobile

Activities (Indicate all that apply)

☐ Tattooing ☐ Body Piercing ☐ Permanent Cosmetics ☐ Branding

WASTE

☐ Small Quantity Generator (less than 200 lbs. of medical waste generated per month without onsite treatment)

☐ Small Quantity Generator (less than 200 lbs. of medical waste generated per month with onsite treatment)

☐ Large Quantity Generator (more than 200 lbs. of medical waste generated per month)

☐ Common Storage Facility (storage area shared by more than one Small Quantity Generator)