

FACILITY ID#	_____
<input type="checkbox"/> BILL BY ASU	CT# _____
EMD RECEIPT #	_____
AMOUNT PAID	_____
DATE PAID	_____

APPLICATION FOR PERMIT TO OPERATE

SELL FUEL FROM AN UNDERGROUND TANK? YES ___ NO ___ IF YES, COMPLETE HAZ MAT APPLICATION.

FACILITY	Business Name (DBA) _____ Phone () _____
	Site/Commissary Address _____ City _____ State _____ Zip _____
	Mobile Unit Commissary Name (if applicable) _____
	Mailing Address _____ City _____ State _____ Zip _____
	Business Website _____ Business E-mail _____
If this facility has a semi-frozen (soft serve) processing machine please call the State of California Milk & Dairy Food Safety Branch at (209) 466-7186	
BILL	Billing Name _____ Phone () _____
	Billing Address _____ City _____ State _____ Zip _____
OWNER	Owner Name _____ Phone () _____
	Address (home or office) _____ City _____ State _____ Zip _____
	Owner E-mail _____

TYPE OF PERMIT	FEE	PE	TYPE OF PERMIT	FEE	PE
<input type="checkbox"/> RESTAURANT*	\$1112.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$119.00 ea.	1648
<input type="checkbox"/> BAR	686.00	1620	<input type="checkbox"/> ADMIN REVIEW/CONFIRMATION	99.00 ea.	1649
<input type="checkbox"/> RESTAURANT W/BAR*	1616.00	1621	<input type="checkbox"/> COMMISSARY*	238.00 ea.	1680
<input type="checkbox"/> FOOD PREP ESTAB W/O HOOD <2000 SQ FT*	982.00	1623	<input type="checkbox"/> SEASONAL LOW RISK	217.00 ea.	1675
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	524.00	1625	<input type="checkbox"/> SEASONAL HIGH RISK	256.00 ea.	1676
<input type="checkbox"/> SCHOOL SATELLITE FACILITY	416.00 ea.	1626	<input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK	217.00 ea.	1662
<input type="checkbox"/> BAKERY – NO PREPARATION**	477.00	1652	<input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK	297.00 ea.	1663
<input type="checkbox"/> PRODUCE STAND	400.00	1607	<input type="checkbox"/> SECOND OP/CATERER – LOW RISK	217.00 ea.	1682
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	178.00	1693	<input type="checkbox"/> SECOND OP/CATERER – HIGH RISK	297.00 ea.	1683
<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT	645.00	1681	<input type="checkbox"/> SWIM POOL	\$375.00	3611
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	887.00	1619	<input type="checkbox"/> SPA POOL	199.00	3612
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	1057.00	1614	<input type="checkbox"/> WADING POOL	217.00	3615
<input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.)	799.00	1613	<input type="checkbox"/> TEMPORARILY INACTIVE	119.00	3617
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	543.00	1612	<input type="checkbox"/> MISCELLANEOUS	-----	-----
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	218.00 ea.	1631	<input type="checkbox"/> STORMWATER	\$142.00	6770
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	258.00 ea.	1632	*Add one stormwater fee if any of the following permits are applied for: 1621, 1622, 1623 or 1680. One stormwater fee per facility.		
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	297.00 ea.	1633	**Bakery wherein no products are prepared or processed from the beginning state.		
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	554.00 ea.	1635			
<input type="checkbox"/> MOBILE SUPPORT UNIT	258.00 ea.	1634			

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.

Signed _____ Title/Position _____ Date _____

Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 70% of each remaining fee. Secondary Operation (1682, 1683), Swap Meet Prepackaged Food Stand (1648), Satellite Food Distribution Facility (1693), Mobile Food Facility (1631, 1632, 1633, 1635) are not included as multiples and shall pay the standard fees.

OFFICIAL USE ONLY	
<input type="checkbox"/> NEW FACILITY	<input type="checkbox"/> CHANGE OF OWNERSHIP (previous owner's name) _____
PREVIOUS NAME OF FACILITY/BUSINESS _____	
ANNIVERSARY DATE (date of ownership change / opening date) _____	
RESTRICTIONS _____	
COMMENTS _____	
VEHICLE LIC. # _____	DECAL # _____ PERMIT # _____
PROGRAM RECORD # _____	
<input type="checkbox"/> APPROVED	
<input type="checkbox"/> DISAPPROVED	BY _____ DATE _____
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DOC TYPE: APPLICATION	
FOR PERMIT	