



CALAVERAS COUNTY
ENVIRONMENTAL HEALTH DEPARTMENT
 891 Mountain Ranch Road, San Andreas, CA 95249
 Phone: 209-754-6399 Fax: 209-754-6722

Food Facility Permit Application

Facility Name _____

Facility Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Operator(s) Name _____

Phone 2. _____ Phone 1. _____

Contact Email Address _____

Prior Operator Name _____ Prior Facility Name _____

Establishment Type: Restaurant Bar Mobile Food Unit Market Pre-Packaged Only
 Catering Bed & Breakfast Host Facility Other _____

Type of Food Sales:

Limited menu: _____

With alcoholic beverage service without alcoholic beverage service

With food service on the premises without food service on the premises

Day(s) / Hours of operation: _____

Food Safety Certified Operator(s): _____ Certified Date _____

Sewage Disposal: Private or Public Utility _____

Water Supply: Private or Public Utility _____

Solid Waste Disposal: Self or Commercial Collection _____

Business License: City of Angels or Calaveras County Tax Collector Date _____

Application Submitted By _____ Date _____

[For Office Use Only]

	<u>Fees</u>	<u>Receipt #</u>	<u>Date</u>	<u>Cash or Chk #</u>
Plan Check Deposit	_____	_____	_____	_____
Plan Revision/Remodel	_____	_____	_____	_____
Change of Ownership	_____	_____	_____	_____
Annual Permit Fee	_____	_____	_____	_____
Total	_____	_____	_____	_____