



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

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Public Health
Prevent. Promote. Protect.

County of San Luis Obispo
Public Health Department

HEALTH PERMIT APPLICATION FOR FOOD, PUBLIC SWIMMING POOLS AND BODY ART FACILITIES

PERMIT TYPE (CHECK ONE):

- RESTAURANT, # OF SEATS: _____
- BAR (NO FOOD PREPARATION)
- MARKET OR BAKERY, SQUARE FOOTAGE: _____
- CATERER

TEMPORARY FOOD FACILITY:

- MULTIPLE EVENTS

COTTAGE FOOD OPERATOR:

- COTTAGE FOOD "A"
- COTTAGE FOOD "B"

MOBILE FOOD FACILITY

- SWAP MEET: PREPACKAGED PRODUCE

- OTHER FOOD (DESCRIBE) _____

BODY ART FACILITY

- POOL # _____ SPA # _____

IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:

- BUSINESS NAME CHANGE
- OWNERSHIP CHANGE
- BUSINESS SITE LOCATION CHANGE
- BILLING INFORMATION CHANGE
- OTHER: _____

IS FOOD FACILITY USED AS A COMMISSARY? (KITCHEN AND/OR STORAGE AREAS ARE AVAILABLE TO BE RENTED TO OTHER BUSINESSES)

YES NO

WERE PLANS FOR THIS PROJECT PREVIOUSLY SUBMITTED TO ENVIRONMENTAL HEALTH?

YES NO

PLEASE CHECK IF YOUR BUSINESS QUALIFIES FOR ONE OF THE FOLLOWING:

- REPRESENTS A NONPROFIT ORGANIZATION
TAX ID NUMBER _____
- QUALIFIES FOR VETERAN'S EXEMPTION (PLEASE PROVIDE A COPY OF YOUR DD214 FORM)

FACILITY INFORMATION

BUSINESS NAME (DBA) _____

PREVIOUS BUSINESS NAME (ONLY IF APPLICABLE) _____

BUSINESS SITE ADDRESS _____

LEGAL OWNER NAME _____

SELECT ONE: SOLE PROPRIETORSHIP PARTNERSHIP INCORPORATED

BUSINESS TELEPHONE NUMBER _____

OWNER/BUSINESS EMAIL ADDRESS _____

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS ADDRESS ABOVE, CHECK THIS BOX

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME) _____

BILLING TELEPHONE NUMBER _____ CELL PHONE NUMBER _____

BILLING ADDRESS _____

By signing below, I represent as follows: I am the Owner or Authorized Representative of the business applying for this Health Permit (hereafter "Permit"). I consent to all necessary fees and inspections permitted by law and incidental to the issuance of this Permit. I agree to operate the business in compliance with all applicable state and local laws, ordinances, regulations, and procedures and **to obtain all authorizations and permits required by all local planning and building agencies**, in order to ensure compliance with the Permit, its rights, and its limitations. I shall immediately notify Environmental Health Services in writing if business closes or a change of ownership occurs. I acknowledge that HEALTH PERMITS ARE NON-TRANSFERRABLE. I declare under penalty of perjury under the laws of the state of California that the statements made in this Health Permit Application are true and correct.

SIGNATURE OF APPLICANT _____ PRINTED NAME _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ ASSIGNED TO _____ ENTERED BY _____ ENTERED DATE _____

PE# _____ AMOUNT DUE _____ AMOUNT PAID _____ CHECK OR CC AUTH # _____ CASH

NONPROFIT: TAX ID # _____ VETERAN EXEMPT DD214 ATTACHED YES NO

PR# _____ SR# _____ FA# _____ INVOICE NUMBER _____

INSPECTOR APPROVED _____ DATE _____

ADDITIONAL INFORMATION FOR POOL AND SPA APPLICATION

NAME OF BUSINESS (DBA) _____

POOL AND/ OR SPA SITE ADDRESS _____

TYPE OF ESTABLISHMENT (CHECK ONE)

HOTEL/ MOTEL APARTMENT MOBILE HOME PARK OTHER (DESCRIBE) _____

NUMBER OF POOLS _____ NUMBER OF SPAS _____

INDIVIDUAL POOL INFORMATION

1. POOL NUMBER _____ POOL TYPE _____ BUILT _____

LOCATION ON PROPERTY _____

CAPACITY IN GALLONS _____ SHAPE _____

OCCUPANCY (NUMBER OF PERSONS) _____

2. POOL NUMBER _____ POOL TYPE _____ BUILT _____

LOCATION ON PROPERTY _____

CAPACITY IN GALLONS _____ SHAPE _____

OCCUPANCY (NUMBER OF PERSONS) _____

3. POOL NUMBER _____ POOL TYPE _____ BUILT _____

LOCATION ON PROPERTY _____

CAPACITY IN GALLONS _____ SHAPE _____

OCCUPANCY (NUMBER OF PERSONS) _____

4. POOL NUMBER _____ POOL TYPE _____ BUILT _____

LOCATION ON PROPERTY _____

CAPACITY IN GALLONS _____ SHAPE _____

OCCUPANCY (NUMBER OF PERSONS) _____

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM THIS DIVISION BEFORE OPERATING.**