COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION
2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805)781-4211
Email: ehs@co.slo.ca.us

HEALTH PERMIT APPLICATION FOR FOOD, PUBLIC

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 #_____
  - ☐ POOL/SPA ONLY OPEN SEASONALLY (MUST BE CLOSED A MINIMUM OF 6 MONTHS PER YEAR)

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: PLEASE ATTACH A COPY OF YOUR 501C FORM
- ☐ QUALIFIES FOR VETERAN'S EXEMPTION: PLEASE PROVIDE ENVIRONMENTAL HEALTH AFFIDAVIT AND SUPPORTING DOCUMENTS

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: 501C FORM ATTACHED ☐ YES ☐ NO VETERAN EXEMPT ☐ PAPER WORK ATTACHED ☐ YES ☐ NO

PR# _____SR#_____FA#_____ INVOICE NUMBER_____

INSPECTOR APPROVED _____ DATE_____