



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 SWIMMING POOLS AND BODY ART

PERMIT TYPE (CHECK ONE):

- RESTAURANT # OF SEATS:
BAR (NO FOOD PREPARATION)
MARKET OR BAKERY SQUARE FOOTAGE:
CATERER
TEMPORARY FOOD FACILITY:
COTTAGE FOOD OPERATOR:
MOBILE FOOD FACILITY
SWAP MEET: PREPACKAGE PRODUCE
OTHER FOOD (DESCRIBE)
BODY ART FACILITY
POOL # SPA #
POOL/SPA ONLY OPEN SEASONALLY

IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:

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

IS FOOD FACILITY USED AS A COMMISSARY (KITCHEN AND OR STORAGE AREAS ARE AVAILABLE FOR RENT BY 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)
BUSINESS SITE ADDRESS
OWNER NAME
BUSINESS TELEPHONE NUMBER

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
OWNER/ BUSINESS EMAIL ADDRESS
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.**