



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

PERMIT TYPE (CHECK ONE):

- RESTAURANT, # OF SEATS:
BAR (NO FOOD PREPARATION)
MARKET OR BAKERY, SQUARE FOOTAGE:
BED AND BREAKFAST, AG HOME STAY
FARMSTAND
CATERING OPERATION FACILITY
DEPENDENT FOOD SERVICE OPERATOR
MOBILE FOOD FACILITY COMMISSARY
SHARED FOOD FACILITY
HOST FACILITY FOR CATERING OPERATOR
COTTAGE FOOD OPERATOR: A B
MOBILE FOOD FACILITY: CMFO PREPACK/NO PHF CMFO UNPACK/PHF
PREP UNIT: VEHICLE LICENSE # (IF APPLICABLE)
PRODUCE VEHICLE SEASONAL YEAR-ROUND
SWAP MEET PREPACKAGED PRODUCE
OTHER FOOD(DESCRIBE)
BODY ART FACILITY MOBILE TEMPORARY
POOL # SPA #
POOL/SPA ONLY OPEN SEASONALLY (AT LEAST 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 MOBILE FOOD FACILITY COMMISSARY OR SHARED FOOD FACILITY? (KITCHEN AND/OR STORAGE AREAS ARE AVAILABLE TO BE RENTED TO MOBILE FOOD FACILITIES OR OTHER DEPENDENT OPERATOR 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
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 CITY ZIP
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 CITY STATE ZIP

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-TRANSFERABLE. 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