



PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 County Hospital Road, Ste. 127 Quincy, CA 95971

Phone: (530) 283-6355 ~ Fax: (530) 283-6241

Application for Permit to Operate a Food Facility

PLEASE COMPLETE ALL FIELDS ON FRONT AND BACK OF THIS FORM FOR EACH FACILITY

Owner	Owner Name _____ Phone () _____ Cell Phone () _____
	Physical Address _____ City _____ State _____ Zip _____ (Please do not use facility address. Owners are listed as the primary contact for emergencies. This is <u>only</u> used for this purpose)
	Mailing Address _____ City _____ State _____ Zip _____
Facility	Business Name: _____ Email: _____
	Physical Address _____ City _____ State _____ Zip _____
	Mailing Address _____ City _____ State _____ Zip _____
	Phone () _____ Alternate Phone () _____ FAX() _____
	Operator/Manager Name (If different from above): _____ Phone: () _____
	Mailing Address _____ City _____ State _____ Zip _____
Billing	Please Send Invoices and Correspondence To: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Facility NOTE: Invoices will be sent to owner unless otherwise noted.

EMERGENCY CONTACT INFORMATION

(Environmental Health will use this information in response to an emergency where rapid notification is necessary. Please list a person other than the owner who may be contacted if the Owner cannot be reached.)

Name: _____ Title: _____
 Day Phone: () _____ Cell Phone: () _____
 Email: _____ Other (please specify): _____

<input checked="" type="checkbox"/>	TYPE OF PERMIT (ALL FEES ARE NON-REFUNDABLE & NON-TRANSFERABLE)	FEE	PE
<input type="checkbox"/>	Food-Bev Large Fac. Permit (Prep Area 500 sq. ft. or larger or Seating Capacity of 25 or more)	\$315.00	1601
<input type="checkbox"/>	Food-Bev Large Fac. Permit Veteran's Exempt*	\$0.00	1651
<input type="checkbox"/>	Food-Bev Small Fac. Permit (Prep Area 500 sq. ft. or less or a Seating Capacity of 24 or less)	\$208.00	1602
<input type="checkbox"/>	Food-Bev Small Fac. Permit Veteran's Exempt*	\$0.00	1650
<input type="checkbox"/>	Food-Bev Non-Prep Fac. Permit (Pre-packaged goods only)	\$97.00	1603
<input type="checkbox"/>	Food-Bev Non-Prep Veteran's Exempt*	\$0.00	1652
<input type="checkbox"/>	Class "A" Cottage Food Annual Registration (Direct Sales Only)	\$31.00	1640
<input type="checkbox"/>	Class "B" Cottage Food (Direct & Indirect Sales-Includes Registration Fee)	\$99.00	1641
<input type="checkbox"/>	Food/Bev Satellite Permit	\$76.00	1607
<input type="checkbox"/>	Mobile Food Facility # of vehicles _____	\$121.00ea	1631
<input type="checkbox"/>	Mobile Food Facility-Expedited (If within 2 weeks of Event) # of vehicles _____	\$207.00ea	1632
<input type="checkbox"/>	Mobile Food Facility Veteran's Exempt* # of vehicles _____	\$0.00	1654
<input type="checkbox"/>	Temporary Food Facility (Non Profit as defined by CalCode 501c3) # of booths _____	\$0.00	1620
<input type="checkbox"/>	Temporary Food Facility # of booths _____	\$121.00ea	1621
<input type="checkbox"/>	Temporary Food Facility-Expedited (If within 2 weeks of Event) # of booths _____	\$207	1622
<input type="checkbox"/>	Temporary Food Facility Veteran's Exempt* # of booths _____	\$0.00	1653
<input type="checkbox"/>	Food-Bev Produce Stand (As defined in CalCode)	\$66.00	1605
<input type="checkbox"/>	Food-Bev Vehicle Non-Prep Retail Vehicle(Non Prep Produce Trucks, Non Prep Frozen Food Vehicles)	\$64.00	1604
<input type="checkbox"/>	Food/Bev Vending Machine (Perishable)	\$64.00	1606
<input type="checkbox"/>	Environmental Health Plan Check & Consultation for New/Remodel Facility-Large Facility	\$342.00	1660
<input type="checkbox"/>	Environmental Health Plan Check & Consultation for New/Remodel Facility-Small Facility	\$190.00	1661
<input type="checkbox"/>	Environmental Health Food Facility Re-Inspection	\$132.00ea	1662

* ALL Veteran's Exempt applicants must submit DD 214 Documentation with this application. NOTE: Fees will apply if alcoholic beverages are served in the facility.

FOOD HANDLER CERTIFICATION (Not Applicable for Temporary Food Facilities)
Name of Certified Food Handler for this Facility _____ Date Certified _____
NOTE: You must submit documentation of Certification to this Department within Sixty (60) days of opening your facility. State law requires re-certification every Five (5) years
FIXED FACILITY REMODEL / CONSTRUCTION (If Applicable)
Remodel? Yes or No (If yes, construction plans and plan check application with fees must be submitted)
Moving and/or Changing of Equipment? Yes or No
Building permit required or obtained? Yes or No
CHANGE OF OWNERSHIP/OPERATOR ONLY (If Applicable)
Date of Change
Change in Food Service Operation? Yes or No Explain
Potable Water Supply & Liquid Waste Disposal (Required Information for all Mobile Food Facilities)
Potable Water Supply & Liquid Waste Disposal (Required Information for all Mobile Food Facilities)
Name of Public Water System: _____
Location of Potable Water Supply Fill Location: _____
Location of Liquid Waste Disposal: _____

Name: _____ **Signature:** _____ **Date:** _____

I hereby make application for a permit to operate the above facility in accordance with the state health laws and local ordinances and regulations. FOR OFFICE USE ONLY									
Date Payment Received: _____	Amount: _____	Receipt No: _____	Check No: _____	Rec'd By: _____					
<input type="checkbox"/> New Construction/Remodel <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Information Update <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Other _____									
Facility ID #: _____ Program ID #: _____ Owner ID #: _____									
Previous Facility/Business: _____									
Planning Approval By: _____		Date: _____		Building Department Approval By: _____		Date: _____			
Environmental Health Specialist Approval By: _____			Date: _____		Permit Issued By: _____			Date: _____	