



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 _____ <small>(Please do not use facility address. Owners are listed as the primary contact for emergencies. This is <u>only</u> used for this purpose)</small>			
	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 _____			
	Please Send Invoices and Correspondence To: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Facility <small>NOTE: Invoices will be sent to owner unless otherwise noted.</small>			
EMERGENCY CONTACT INFORMATION <small>(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.)</small>				
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.				

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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
List Events Attending Here (If Applicable):
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: _____	