

**SANTA CRUZ COUNTY HEALTH SERVICES AGENCY - ENVIRONMENTAL HEALTH SERVICE**

701 Ocean Street, Room 312, Santa Cruz, California 95060 (831) 454-2022, FAX: (831) 454-3128 www.co.santa-cruz.ca.us

**FOOD ESTABLISHMENT HEALTH PERMIT APPLICATION**

**Applicant:** Answer all questions completely. Sign and date below. Retain yellow copy.  
Submit 2 copies to Environmental Health Services [Print or type]

MAIL PAYMENT WITH APPLICATION FEE ENCLOSED: \$ \_\_\_\_\_

**CHECK ONE:** ☐ NEW APPLICATION ☐ RENEWAL ☐ CHANGE IN OWNERSHIP ☐ CHANGE IN CATEGORY

Owner(s)Name(s): \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(if different from above) E-Mail Address: \_\_\_\_\_

Business Phone Number: (\_\_\_\_)\_\_\_\_\_, Other Phone Number: (\_\_\_\_)\_\_\_\_\_, FAX: (\_\_\_\_)\_\_\_\_\_

Previous Business Name: (At above location, if applicable) \_\_\_\_\_

**CHECK ONE:**

<u>FOOD SERVICE</u>	<u>FOOD PROCESSING</u>	<u>FOOD VENDING (CONTINUED)</u>
0 - 25 SEATS	LESS THAN 1,000 SQ. FT.	+ 3 FOOD PREP./PROC.
26 - 50 SEATS	1,000 SQ. FT. OR GREATER	SWAPMEET PRE-PKG'D (TYPE OF FOOD): _____
51 - 75 SEATS	<u>FOOD VENDING</u>	
76-100 SEATS	2,000 SQ. FT. OR LESS	LIMITED FOOD SALES
101 - OR MORE SEATS	+ 1 FOOD PREP./PROC.	PRODUCE STAND
BED & BREAKFAST	+ 2 FOOD PREP./PROC.	CERTIFIED FARMER'S MARKET
THEATER SNACK BARS	+ 3 FOOD PREP./PROC.	<u>COMMISSARY</u>
BARS, ON SALE, NO FOOD	2,001 SQ. FT. TO 5,999 SQ. FT.	LESS THAN 1000 SQ. FT. STORAGE AREA
CATERER	+ 1 FOOD PREP./PROC.	MORE THAN 1000 SQ.FT. STORAGE AREA
<u>BAKERY</u>	+ 2 FOOD PREP./PROC.	<u>FOOD CENTRAL EST. KITCHEN</u>
LESS THAN 2,000 SQ. FT.	+ 3 FOOD PREP./PROC.	LESS THAN 1000 SQ. FT. PREP/STORAGE
2,001 SQ. FT. TO 2,999 SQ.FT.	6,000 SQ. FT. OR GREATER	MORE THAN 1000 SQ. FT. PREP/STORAGE
3,000 SQ.FT. OR GREATER	+ 1 FOOD PREP./PROC.	<u>OTHER</u> _____
	+ 2 FOOD PREP./PROC.	_____

I (we) agree to operate in compliance with all applicable State Laws and regulations and pertinent local ordinances and regulations. I certify that the information herein is correct to the best of my (our) knowledge.

Signature(s):Print Name & TitleDate:

\_\_\_\_\_, 200\_\_\_\_

\_\_\_\_\_, 200\_\_\_\_

OW: \_\_\_\_\_ FA: \_\_\_\_\_

**FOR OFFICE USE ONLY** Check #: \_\_\_\_\_ Check Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

PERMIT #: \_\_\_\_\_, FEE: \$ \_\_\_\_\_, CASH-CHK, RECORD ID #: PR000\_\_\_\_\_, PE: 16\_\_\_\_\_, DIST #: \_\_\_\_\_, LOC: \_\_\_\_\_

APPLICATION APPROVED BY: \_\_\_\_\_, R.E.H.S. DATE: \_\_\_\_\_, 200\_\_\_\_

**DISTRIBUTION:** WHITE - EHS OFFICE YELLOW - OWNER PINK - FISCAL CONTROL