



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)					
Facility	Mailing Address _____		City _____	State _____ Zip _____	
	Business Name: _____		Email: _____		
	Physical Address _____		City _____	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.

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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: _____	