



**MONTEREY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH BUREAU**

Application for: New Renewal or Change of Permit

SECTION I: TO BE COMPLETED BY APPLICANT

Please Print Clearly:

Name of Applicant/Operator: _____ **Phone # :** _____

Address of Food Operation: _____ **Phone # :** _____

Applicant Address: _____ **Phone # :** _____

Mailing/Billing Address : _____

Permit Mailing Address (if different from above): _____

Website Address: _____ **Email :** _____

Property Information:

Property Owner: _____ **Phone # :** _____

APN (Assessors' Parcel Number): _____

In signing this application, I certify that the information above is true and correct. I am responsible for all aspects of an issued health permit. It is my responsibility to renew my permit prior to the annual expiration date to avoid penalties and/or closure.

Owner/Applicant : _____ / _____ Date : _____

SECTION II: TO BE COMPLETED BY ENVIRONMENTAL HEALTH SPECIALIST

A. Food Facilities:

- | <u>Packet #</u> | <u>Program Element Code</u> | <u>Packet #</u> | <u>Program Element Code</u> |
|---|---|-----------------------------------|---|
| (1) Bakeries: | <input type="checkbox"/> 4010 <input type="checkbox"/> 4011 <input type="checkbox"/> 4012 | (2) Catering: | <input type="checkbox"/> TBA |
| (3) Certified Farmers Market: | <input type="checkbox"/> 4022 | (4) Charitable Feeding Operation: | <input type="checkbox"/> TBA |
| (5) Commissaries: | <input type="checkbox"/> 4026 <input type="checkbox"/> 4030 | (6) Cottage Food Operation: | <input type="checkbox"/> 4163 <input type="checkbox"/> 4164 |
| (7) Microenterprise Home Kitchen Operation: | <input type="checkbox"/> TBA | (8) Host Facility: | <input type="checkbox"/> TBA |
| (9) Mobile Food Unit: | <input type="checkbox"/> 4096 <input type="checkbox"/> 4104 <input type="checkbox"/> 4108 <input type="checkbox"/> 4112 | (10) Temporary Food Facility: | <input type="checkbox"/> 4158 <input type="checkbox"/> 4160 |
| (11) Restaurant/Bar/Deli/Market: | <input type="checkbox"/> 4069 <input type="checkbox"/> 4120 <input type="checkbox"/> 4122 <input type="checkbox"/> 4123 <input type="checkbox"/> 4127 <input type="checkbox"/> 4128 <input type="checkbox"/> 4129 <input type="checkbox"/> 4191 <input type="checkbox"/> 4192 <input type="checkbox"/> 4193 | | |
| (12) Other: | <input type="checkbox"/> _____ | | |

Workers Comp Affirmation : Yes No N/A

Packet Requirements Provided? Yes No N/A By: _____ Completed? Yes No N/A

Change of Ownership? Yes No Former Name of Establishment : _____

- B. Field Toilets:** 2100
- C. Swimming Pool/Spa:** 7010 7020
- D. Employee Housing:** 8014

Instructions to Support Staff: _____

ENVIRONMENTAL HEALTH SPECIALIST : _____ Date : _____

SECTION III : (To Be Completed Support Staff)

[] New Permit Issued [] Mail New Billing [] Envision Updated

New Permit # _____ Old Permit # _____ Date: _____

Employee's Name : _____

Comments : _____

Fee Payments

Permit : \$ _____

1st Responder : \$ _____

TOTAL : \$ _____

Date Paid : _____

Rec/Inv # : _____