

# ENVIRONMENTAL HEALTH PERMIT APPLICATION FORM

Environmental Health Division of Public Health Services Department  
2700 "M" Street, Suite 300, Bakersfield, CA 93301

661-862-8740  
661-862-8701(fax)

<input type="checkbox"/> New Business	<input type="checkbox"/> Ownership Change    Date: _____	<input type="checkbox"/> Information Change    Date: _____
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Type of Ownership:     Sole Proprietor     Partnership     Corporation     Other: \_\_\_\_\_

Check all that apply:	<input type="checkbox"/> Food Facility <input type="checkbox"/> Mobile Food Facility <input type="checkbox"/> Temporary Food Facility <input type="checkbox"/> Community Event Sponsor	<input type="checkbox"/> Hotel/Motel: Total Number of Rooms _____ <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Wading Pool <input type="checkbox"/> Spa Pool	<input type="checkbox"/> Commissary <input type="checkbox"/> Water System-Food Facility <input type="checkbox"/> Tobacco Retailer: BOE# _____
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## OWNER INFORMATION

Owner Name:					
Owner Address:					
City:		State:		Zip:	
Home Phone:	(    )	Business Phone:	(    )	Fax:	
Partner(s)/Corp Name:					
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	

## FACILITY/BUSINESS INFORMATION

Facility Name (DBA):					
Address:					
City:		State:		Zip:	
Phone:	(    )	Alternate phone:	(    )	Fax:	(    )
Care Of:		E-Mail Address:			
Mailing Address:					
City:		State:		Zip:	
Water Provider					

## BILLING INFORMATION

Mailing Address for invoice to renew annual permit:     Business Mailing Address     Owner Address     Other

If you checked other, what is the address? \_\_\_\_\_

Care of: \_\_\_\_\_

Approval of this application and issuance of an Environmental Health Permit is required before commencing operation. Failure to obtain both may result in a misdemeanor citation and/or closure. The undersigned applicant agrees to operate in accordance with all applicable state laws and local ordinances.

_____ Signature of Applicant	_____ Print Name	_____ Date
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**PERMIT(S) AND FEE(S) ARE NOT TRANSFERABLE. PERMIT FEE(S) MUST BE SUBMITTED WITH PERMIT APPLICATION.**

TOBACCO RETAIL TRAINING	FOR OFFICIAL USE ONLY			
	Program ID	PE	Date Mailed	Facility ID
	Previous Owner ID	New Owner ID	Map #	Service Request #
	Total Fees Paid	Received By	Date Paid	Accounting ID