



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
 Division of Environmental Health
 922 Bevins Court, Lakeport, CA 95453-9739
 TEL (707) 263-1164 FAX (707) 263-1681

**NEW / RENEWAL APPLICATION
 FOR PERMIT TO OPERATE
 A RETAIL FOOD FACILITY**

- Renewal** **New Application**
 Change of Ownership

Business Opening Date: _____

**A Permit will not be issued if the application is incomplete.
 A "Permit to Operate" is not transferable from owner to owner.**

Business Name: _____

Owner of the Business/Facility: _____

Are you a veteran of military service? If YES, please provide a copy of your DD214 (honorable discharge)
 (Health Permit Fee is waived as long as no alcohol is being sold or served)

Person-in-Charge: _____ Phone # _____

Business Address: _____

City _____ Zip Code _____ Business Phone # _____

Business Fax # _____ email: _____

Billing Address: _____ City _____

State _____ Zip Code _____ Phone # _____ Fax # _____

Size of Food Facility (in square feet): _____ Seating Capacity: _____

Former Business/Facility Name (if applicable) _____

Days and Hours of Operation: _____

Open Year Round: Yes No Seasonal: Opening Date _____ Closing Date _____

Type of Facility: (Check all that apply)

- Restaurant Restaurant/Bar Bar Bakery Bed & Breakfast
 Mobile Food Facility Retail Market Retail Market with Food Preparation
 Prepackaged Foods Deli Caterer Other _____

FOOD SAFETY CERTIFICATION: (Name of holder) _____

Exp date: (m/d/year) _____ (Please provide a copy.)

As the Manager Owner of this establishment, I certify that, should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of food facilities as set forth in the California Retail Food Code. I also agree that representatives of the Environmental Health Division may make inspections and examine records during the hours when the business is operating.

Printed Name _____ Signature _____ Date _____

	For Office Use Only	
Date Received: _____	<input type="checkbox"/> New Business – Opening: ____/____/____	EC entered: _____
Invoice# _____	<input type="checkbox"/> Existing Establishment: _____	
Fee Amount: _____	<input type="checkbox"/> Change of Ownership: ____/____/____	
Receipt #: _____	Former Name: _____	
Facility No: _____	Inspection Freq. _____ Due ____/____/____	