

General Application Form

[Annual Permit]

Section 1: Type of Application

- Food Facility** - Size _____ square feet of "total building floor area" (any room, building, or place, or portion thereof, maintained, used, or operated for the purpose of storing, preparing, serving, manufacturing, packaging, transporting, salvaging, or otherwise handling food at the retail level). Fee based on size of facility. See Fee Schedule at: www.sbcphd.org/ehs.
- Host Facility** [1604]
- Microenterprise Home Kitchen** [1610]
- Recreational Water Facility** [3610]
 Indicate type: Pool Spa Wading Pool Special Use Pool
- Organized Camp** [2444]
- Certified Farmers Market**
- Vending Machine(s)** with potentially hazardous food [1644]
- New Owner:** effective date: _____
- Name Change for Current Business**
- Change in Current Owner's Legal Status** (e.g., added/deleted partner or formed a Corp. or LLC)
- Change Legal Name of Permit Holder** (e.g., marriage/court proceedings)

<i>For Department Use Only</i>	
Owner: OW	_____
Facility: FA	_____
Program: PR	_____
Program/Element: PE	_____
Billing Status:	
<input type="checkbox"/> (01) Active	
<input type="checkbox"/> (03) Temp Inactive	
<input type="checkbox"/> (04) Active-Exempt	
Permit Effective Date:	_____
Reviewed By:	_____

Section 2: Owner Information

Owner(s): Last _____ First _____

Last _____ First _____

Mailing/Billing Info: Care of _____

Street/PO Box: _____ Ste/Unit/Apt. _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Fax: (____) _____ E-mail: _____

Corporation Limited Liability Company (LLC) Sole Owner Partnership Local Agency County State

Name of Corporation or LLC: _____

Section 3: Facility Information

Business name (DBA): _____

Business (or Shared Kitchen, if Caterer) address: _____ Suite/Unit _____

City: _____ State: CA Zip: _____ Primary Phone: (____) _____ Fax: (____) _____

E-mail: _____

Previous (old) business name: _____

What is the source of the water system at this site? Private Public

Section 4: Attachments with Application

- Food Facilities:** Current Menu
- Vending Machines:** [Statement of Commissary Use letter](#)* (if the commissary is not located within Santa Barbara County, include a copy of the respective County Health Permit).

Section 5: Certification

Are you eligible for a veteran's fee exemption? Yes No If yes, attach an [Affidavit For A Veteran's Fee Exemption For The Health Permit To Operate A Food Business](#)*.

Section 6: Terms/Signature

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Environmental Health Services of any changes that occur including the type of business activity, name, business location, menu, equipment, billing address, ownership and/or closure.

The undersigned further agrees and understands that any structural alterations, including but not limited to equipment changes or additions, change of menu or quantity of food, or any other operational changes after opening, must also be approved by Environmental Health Services in writing and may be subject to a plan review process which may include plan submittal requirements and/or fees.

Signature(s) must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

Submission of an application is not a permit to operate until additional steps are completed and authorization is given for a food facility to process and distribute food products; for example, plan check, consultation and or other departmental approvals may be required.

Print Name #1 _____ Title: _____

Signature: _____ Date: _____

Print Name #2 _____ Title: _____

Signature: _____ Date: _____

<u>Facility Recall Type</u>
<input type="checkbox"/> B – Bottled Water
<input type="checkbox"/> C – Candy
<input type="checkbox"/> D – Milk/Dairy
<input type="checkbox"/> M – Meat (Beef, Poultry, Pork, Lamb)
<input type="checkbox"/> O – Oysters and Shellfish
<input type="checkbox"/> P – Produce
<input type="checkbox"/> S – Seafood
<input type="checkbox"/> Menu will remain the same as previous owner.
<input type="checkbox"/> Current Menu provided.
Risk Level: _____

HEALTH PERMIT	For Department Use Only
Fee paid \$ _____	Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____
Receipt # _____	Rec'd by: _____ Comments: _____
Plan Check: By: _____	SR# _____ Report 5373 printed & attached: _____ By: _____
ROUTE to (initial & date): <input type="checkbox"/> Specialist _____	<input type="checkbox"/> Supv _____ <input type="checkbox"/> AOP _____
Acct.: Invoice # _____	Date _____ Amount Billed \$ _____ Initial: _____

*Forms can be found online at the Environmental Health Services' Website:
<http://www.countyofsb.org/phd/ehs/home.sbc>