



COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

HEALTH PERMIT LICENSE APPLICATION

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| <p>PERMIT TYPE (CHECK ONE):</p> <p><input type="checkbox"/> RESTAURANT # OF SEATS: _____</p> <p><input type="checkbox"/> MARKET OR BAKERY SQUARE FOOTAGE: _____</p> <p><input type="checkbox"/> CATERER</p> <p><input type="checkbox"/> TEMPORARY FOOD FACILITY</p> <p><input type="checkbox"/> MOBILE FOOD FACILITY</p> <p><input type="checkbox"/> FARMERS MARKET VENDOR</p> <p><input type="checkbox"/> COTTAGE FOOD OPERATOR</p> <p><input type="checkbox"/> OTHER FOOD (DESCRIBE) _____</p> <p><input type="checkbox"/> PUBLIC POOL # OF POOLS: _____ # OF SPAS: _____</p> <p><input type="checkbox"/> BODY ARTS</p> <p><input type="checkbox"/> MEDICAL WASTE</p> <p><input type="checkbox"/> HOUSING* # OF UNITS: _____ APN # _____</p> <p><small>*APARTMENTS WITH 16 UNITS OR MORE OR HOTELS WITH 12 OR MORE GUEST ROOMS REQUIRE AN ON-SITE MANAGER NAME, ADDRESS, AND TELEPHONE:</small></p> | <p>IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> BUSINESS NAME</p> <p><input type="checkbox"/> BUSINESS CONTACT CHANGE</p> <p><input type="checkbox"/> BUSINESS LOCATION CHANGE</p> <p><input type="checkbox"/> BUSINESS MAILING ADDRESS</p> <p><input type="checkbox"/> LEGAL OWNER CONTACT INFORMATION</p> <p><input type="checkbox"/> LEGAL OWNER MAILING ADDRESS</p> <p><input type="checkbox"/> OTHER: _____</p> |
|--|--|

ON-SITE MANAGER NAME _____ ADDRESS (INCLUDE APT OR UNIT #) _____ TELEPHONE _____

FACILITY INFORMATION

| | |
|----------------------------|---------------------------|
| BUSINESS NAME (DBA) | HOURS of OPERATION |
|----------------------------|---------------------------|

BUSINESS ADDRESS

STREET ADDRESS _____ CITY _____ ZIP CODE _____

BUSINESS TELEPHONE: _____ ALTERNATE TELEPHONE NUMBER: _____

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)
 IF YOU WOULD LIKE TO USE THE BUSINESS STREET ADDRESS ABOVE, CHECK THIS BOX:

| | |
|---|-------|
| ADDRESSEE NAME <small>(IF DIFFERENT THAN BUSINESS NAME):</small> | _____ |
| BILLING TELEPHONE NUMBER | _____ |

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

LEGAL OWNERSHIP **SELECT ONE:** SOLE PROPRIATORSHIP PARTNERSHIP INCORPORATED

NAME

MAILING ADDRESS

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE AND EMAIL:

TELEPHONE NUMBER: _____ FAX TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.

SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT PRINT NAME AFTER SIGNATURE _____ **DATE** _____

| | | | |
|----------------------------|----------------------|--------------------------|-----------------|
| FOR OFFICE USE ONLY | FEE _____ | CHECK OR CC AUTH # _____ | RECEIPT # _____ |
| LICENSE NUMBER _____ | ACCOUNT NUMBER _____ | | |

Revised November 2014

Environmental Health Services · 3501 Civic Center Drive, Room 236 · San Rafael, CA 94903 · 415 473 6907 T · 415 473 4120 F · 415 473 2255 TTY · marincounty.org/ehs
 All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) 473-3232 (TDD/TTY) or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.
 GENERAL INFORMATION: Any person who conducts business without a valid permit is guilty of a misdemeanor and is subject to fine and/or imprisonment. Any application to construct or remodel a food establishment or public swimming pool must be accompanied by plans and specifications. Delinquent Health Permits are subject to a 20% per month penalty.