



**CONTRA COSTA  
ENVIRONMENTAL HEALTH DIVISION**  
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**HEALTH PERMIT APPLICATION AND CHANGE FORM  
FOOD FACILITY AND PUBLIC POOL**

**SECTION 1: Type of Service** [● ◆ ■]

- Site Evaluation ONLY – **No Change of Ownership** / Complete Sections marked [◆].
- Change of Ownership – Complete All Sections marked [●].
- Change of Facility Name (DBA), Change of Address, or Co-Owner Add/Drop Name - Complete Sections marked [■].

**SECTION 2: Type of Facility** [● ◆ ■]

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Restaurant _____ # seats                      | <input type="checkbox"/> Commissary – Vehicle/Carts          | <input type="checkbox"/> Pool / Spa                            |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft.            | <input type="checkbox"/> Snack Bar                           | <input type="checkbox"/> Additional Pool / Spa # _____         |
| <input type="checkbox"/> Charitable Feeding                            | <input type="checkbox"/> Production Kitchen (Restaurant)     | <input type="checkbox"/> Recreational Water Park               |
| <input type="checkbox"/> Incidental Retail Food Market _____ # sq. ft. | <input type="checkbox"/> Production Kitchen (Non-Restaurant) | <input type="checkbox"/> Spray Grounds                         |
| <input type="checkbox"/> Bakery _____ # sq. ft.                        | <input type="checkbox"/> Farm Stand                          | <input type="checkbox"/> Skilled Nursing Facility _____ # beds |
| <input type="checkbox"/> Food Demonstrator                             | <input type="checkbox"/> Farmers Market                      | <input type="checkbox"/> Host Facility                         |
| <input type="checkbox"/> Cocktail Lounge/Bar                           | <input type="checkbox"/> School Cafeteria                    | <input type="checkbox"/> Seasonal Fixed Facility               |
| <input type="checkbox"/> Vending Machine # _____                       | <input type="checkbox"/> School Satellite                    |  |

**SECTION 3: Attachments with Application Required** [● ◆ ■]

- Plan Review vs Food Facility Code Evaluation Questionnaire (if for food facility)
- Menu (if for food facility)
- Facility Risk Category Questionnaire (if for food facility)
- Production Kitchen/Approved Facility Agreement Completed (if for Caterers)
- Food Facility Permit Exemption Registration (if for Incidental Retail Food Market under 25 square feet)

**SECTION 4: Contact Information**

**A. Facility Name and Address:** [● ◆ ■] Is postal mail delivered at the facility?  Yes (If yes, please skip Part B)  No (If no, please complete Part B)

FACILITY (BUSINESS) NAME(DBA):		
ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
PREVIOUS FACILITY NAME (IF APPLIES):		

**B. Facility (Mailing) Address:** [● ◆]

ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
BUSINESS EMAIL:		

**C. Permit Holder Name and Address:** [● ◆] (Permit Holder Address and Facility Address must be different addresses)

PERMIT HOLDER NAME:		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Co-Owners <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP	
ADDRESS:			
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:	
INSPECTION CONTACT NAME:	INSPECTION CONTACT PHONE NUMBER:	INSPECTION CONTACT EMAIL:	

**D. Accounts Receivable Mailing Address for billing of Invoices:** [●]

IN CARE OF (Billing Office or Person in Charge):		
ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:

**SECTION 5: Verification of Permit Exemption (if applicable)** [●]

- Veterans:** provide DD214 Honorable discharge papers
- Charitable or Tax Supported Institutions:** provide IRS letter of confirmation as a charitable 501c3 organization
- Blind:** provide certificate signed by a licensed physician or by the State Bureau of Vocational Rehabilitation that person is blind (having not more than ten percent visual acuity in the better eye without correction)

**SECTION 6: Permit Mailing Address** [●]

- Facility Mailing Address (4B)     
  Permit Holder Mailing Address (4C)     
  Accounts Receivable Address (4D)

**SECTION 7: Service Requests (Identification of Permit Holder Required / Application Fee May Apply)** [■]

- Co-owner Add / Drop Name: \_\_\_\_\_
  - Change of Facility (DBA) Name: \_\_\_\_\_
  - Change of Address: \_\_\_\_\_
- Mailing                     
  Permittee                     
  Accounts Receivable

**SECTION 8: 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 requires the submittal of plans and appropriate fee to Environmental Health Services for review and approval.

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspection procedures needed to ensure compliance. Payment of the required permit fee and outstanding inspection fee balance, if any, to secure a valid permit is required before commencing or continuing operations. Failure to do so may result in a misdemeanor citation, infractions, permit suspension/revocation proceedings, and/or closure.

**PERMITS ARE NOT TRANSFERABLE**

Signature(s) must be Permit Holder/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.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name: (Please print) \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

**FOR OFFICE USE ONLY**

FA#:	PR#:	P/E#:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AR#:	AMOUNT DUE for Inspection Fees: \$	AMOUNT DUE for Permit (Prorated, if needed): \$	TOTAL Amount Due: \$	AMOUNT PAID \$		
SR#	CREDIT CARD: <input type="checkbox"/> CASH <input type="checkbox"/>	CHECK #:	RECEIPT #: XR			
FOR PROGRAM CLERK USE ONLY	<input type="checkbox"/> INFORMATION MATCHES DATABASE		PROGRAM CLERK INITIALS:			