



# PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 County Hospital Road, Ste. 127 Quincy, CA 95971

Phone: (530) 283-6355 ~ Fax: (530) 283-6241

## Application for Permit to Operate a Food Facility

**PLEASE COMPLETE ALL FIELDS ON FRONT AND BACK OF THIS FORM FOR EACH FACILITY**

<b>Owner</b>	Owner Name _____ Phone ( ) _____ Cell Phone ( ) _____
	Physical Address _____ City _____ State ____ Zip _____ (Please do not use facility address. Owners are listed as the primary contact for emergencies. This is <u>only</u> used for this purpose)
	Mailing Address _____ City _____ State ____ Zip _____
<b>Facility</b>	Business Name: _____ Email: _____
	Physical Address _____ City _____ State ____ Zip _____
	Mailing Address _____ City _____ State ____ Zip _____
	Phone ( ) _____ Alternate Phone ( ) _____ FAX( ) _____
<b>Billing</b>	Operator/Manager Name (If different from above): _____ Phone: ( ) _____
	Mailing Address _____ City _____ State ____ Zip _____
Please Send Invoices and Correspondence To: <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Facility	
NOTE: Invoices will be sent to owner unless otherwise noted.	

### EMERGENCY CONTACT INFORMATION

(Environmental Health will use this information in response to an emergency where rapid notification is necessary. Please list a person **other than the owner** who may be contacted if the Owner cannot be reached.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Day Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_ Other (please specify): \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>TYPE OF PERMIT</b> (ALL FEES ARE <b>NON-REFUNDABLE &amp; NON-TRANSFERABLE</b> )	<b>FEE</b>	<b>PE</b>
<input type="checkbox"/>	Food/Beverage –Non Prep ( <i>Pre-packaged goods only</i> )	\$88.00	1603
<input type="checkbox"/>	Food/Beverage – Non Prep Veteran’s Exempt *	<b>\$0.00</b>	1652
<input type="checkbox"/>	Food/Beverage – Small Facility ( <i>Prep Area Under 500 sq. ft. or Seating Capacity of 24 or Less</i> )	\$173.00	1602
<input type="checkbox"/>	Food/Beverage – Small Veteran’s Exempt *	<b>\$0.00</b>	1650
<input type="checkbox"/>	Food/Beverage –Large Facility ( <i>Prep Area 500 sq. ft. or larger Or Seating Capacity of 25 or more</i> )	\$269.00	1601
<input type="checkbox"/>	Food/Beverage – Large Veteran’s Exempt *	<b>\$0.00</b>	1651
<input type="checkbox"/>	Produce Stand ( <i>As defined in CalCode</i> )	\$58.00	1605
<input type="checkbox"/>	Food/Beverage Retail Vehicle Non Prep ( <i>Non Prep Produce Trucks, Non Prep Frozen Food Vehicles</i> )	\$58.00 ea.	1604
<input type="checkbox"/>	Temporary Food Facility ( <i>Non Profit As defined by CalCode 501c3</i> ) # of Booths: _____	<b>\$0.00</b>	1620
<input type="checkbox"/>	Temporary Food Facility # of Booths: _____	\$95.00 ea.	1621
<input type="checkbox"/>	Temporary Food Facility – Veteran’s Exempt * # of Booths: _____	<b>\$0.00</b>	1653
<input type="checkbox"/>	Mobile Food Facility # of vehicles: _____	\$95.00 ea.	1631
<input type="checkbox"/>	Mobile Food Facility – Veteran’s Exempt * # of vehicles: _____	<b>\$0.00</b>	1654
<input type="checkbox"/>	Class A Cottage Food Annual Registration ( <i>Direct Sales Only</i> )	\$25.00	1640
<input type="checkbox"/>	Class B Cottage Food ( <i>Direct &amp; Indirect Sales – Includes Registration fee</i> )	\$113.00	1641
<input type="checkbox"/>	Food/Bev Satellite Permit	\$65.00	1607
<input type="checkbox"/>	Vending Machine ( <i>Perishable</i> )	\$58.00	1606
<input type="checkbox"/>	Environmental Health Plan Check & Consultation for New/Remodel Facility - Large Facility	\$304.00	1660
<input type="checkbox"/>	Environmental Health Plan Check & Consultation for New/Remodel Facility – Small Facility	\$175.00	1661

\* ALL Veteran’s Exempt applicants **must** submit DD 214 Documentation with this application. NOTE: Fees will apply if alcoholic beverages are served in the facility.

<b>FOR TEMPORARY/MOBILE FOOD FACILITIES ONLY (Menu <u>must</u> be included with application)</b>		
<b>List Events you Plan to Attend in Plumas County</b>		
Food is Prepared: Onsite <input type="checkbox"/> Offsite <input type="checkbox"/> Location (If offsite): _____		
Handwashing and Sanitation Equipment used: _____		
<b>FOR MOBILE FOOD FACILITIES ONLY (Information of mobile food vehicle, not personal motor vehicle)</b>		
Vehicle Make: _____	License Number: _____	VIN: _____
Vehicle Make: _____	License Number: _____	VIN: _____
Vehicle Make: _____	License Number: _____	VIN: _____
<b>FIXED FACILITY REMODEL / CONSTRUCTION</b>		
Remodel? Yes or No (If yes, construction plans and plan check application with fees must be submitted)		
Moving and/or Changing of Equipment? Yes or No		
Building permit required or obtained? Yes or No		
<b>CHANGE OF OWNERSHIP/OPERATOR ONLY</b>		
Date of Change _____		
Change in Food Service Operation? Yes or No    Explain _____		
<b>FOOD HANDLER CERTIFICATION (Not Applicable for Temporary Food Facilities)</b>		
Name of Certified Food Handler for this Facility _____ Date Certified _____		
NOTE: You must submit documentation of Certification to this Department within Sixty (60) days of opening your facility. State law requires re-certification every Five (5) years		

I hereby make application for a permit to operate the above facility in accordance with the state health laws and local ordinances and regulations.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Date Payment Received: _____	Amount: _____	Receipt No: _____	Check No: _____ Rec'd By: _____
<input type="checkbox"/> New Construction/Remodel <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Information Update <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Other _____			
Facility ID #: _____	Program ID #: _____	Owner ID #: _____	
Previous Facility/Business: _____			
Planning Approval By: _____	Date: _____	Building Department Approval By: _____	Date: _____
Environmental Health Specialist Approval By: _____	Date: _____	Permit Issued By: _____	Date: _____