

## General Application Form

### 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](http://www.sbcphd.org/ehs).
- Recreational Water Facility** [3610]  
 Indicate type:  Pool  Spa  Wading Pool  Special Use Pool
- New Owner: Effective date:**
- Caterer in a Shared Kitchen** [1612]
- Change in Caterer's Shared Kitchen**
- Change the Name of the 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)

*For Department Use Only*

Owner: **OW** \_\_\_\_\_  
 Facility: **FA** \_\_\_\_\_  
 Program: **PR** \_\_\_\_\_  
 Program/Element: **PE** \_\_\_\_\_  
 Billing Status:  
 (01) Active  
 (03) Temp Inactive  
 (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: \_\_\_\_\_ Suite \_\_\_\_\_

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 \_\_\_\_\_

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

- Food Facility - Low Risk** Not to exceed 3,000 square feet of "total building floor area" which means 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 **and** with **inventory limited** to commercially prepackaged, nonpotentially hazardous food and/or whole uncut (not ready to eat) produce. [1605]

- Host Kitchen** [1604]
- Organized Camp** [2444]
- Certified Farmers Market** – Produce only.
  - 2-10 Booths [1622]  11 or more Booths [1623]
- Certified Farmers Market** – With potentially hazardous food.
  - 2-10 Booths [1624]  11 or more Booths [1625]
- Satellite Dining Facility** – Remotely located food service operation that is conducted on the same property as, in reasonable proximity to, and in conjunction with, a fully enclosed permanent food facility. [1630]
- School Dining Facility** [1632]
- Vending Machine(s)** – With potentially hazardous food. [1644]

<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: _____

**Section 4: Attachments With Application**

- 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* (form available at [www.sbcphd.org/ehs](http://www.sbcphd.org/ehs) or at EHS offices).

**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: \_\_\_\_\_

HEALTH PERMIT	For Department Use Only
Fee paid \$ _____	Date _____ Check # _____ Cash <input type="checkbox"/> Receipt # _____
P/E: _____	By: _____ Comments: _____
<b>Plan Check:</b> By: _____	SR# _____ Final 424 Date: _____ By: _____
<b>ROUTE to (initial &amp; date):</b> <input type="checkbox"/> Specialist _____	<input type="checkbox"/> Supv _____ <input type="checkbox"/> AOP _____
Acct.: Invoice # _____	Date _____ Amount Billed \$ _____ Initial: _____