



APPLICATION FOR PERMIT TO OPERATE

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|---|--|
| FACILITY | Business Name (DBA): _____ Phone: _____ |
| | Site / Commissary Address: _____ City: _____ State: _____ Zip: _____ |
| | Days of operation: _____ Hours of operation: _____ |
| If this facility has a semi-frozen (soft serve) processing machine please call the State of California Milk & Dairy Food Safety Branch at (209) 466-7186 | |
| BILL | Billing Name: _____ Phone: _____ |
| | Billing Address: _____ City: _____ State: _____ Zip: _____ |
| OWNER | Owner Name: _____ Phone: _____ |
| | Address (home or office): _____ City: _____ State: _____ Zip: _____ |
| | Owner E-mail: _____ Business E-mail: _____ |

| TYPE OF PERMIT | FEE | PE | TYPE OF PERMIT | FEE | PE |
|---|-----------|------|---|----------|------|
| <input type="checkbox"/> RESTAURANT* | \$1292.00 | 1622 | <input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND | \$150.00 | 1648 |
| <input type="checkbox"/> BAR | 815.00 | 1620 | <input type="checkbox"/> ADMIN REVIEW/CONFIRMATION | 73.00 | 1649 |
| <input type="checkbox"/> RESTAURANT W/BAR* | 1665.00 | 1621 | <input type="checkbox"/> COMMISSARY* | 534.00 | 1680 |
| <input type="checkbox"/> FOOD PREP ESTAB W/O HOOD <2000 SQ FT* | 1014.00 | 1623 | <input type="checkbox"/> SEASONAL LOW RISK | 244.00 | 1675 |
| <input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM | 686.00 | 1625 | <input type="checkbox"/> SEASONAL HIGH RISK | 298.00 | 1676 |
| <input type="checkbox"/> SCHOOL SATELLITE FACILITY | 496.00 | 1626 | <input type="checkbox"/> SEASONAL RESTAURANT | 869.00 | 1603 |
| <input type="checkbox"/> FOOD PANTRIES/CLOSETS | 181.00 | 1690 | <input type="checkbox"/> BAKERY – NO PREPARATION | 568.00 | 1652 |
| <input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY | 239.00 | 1693 | <input type="checkbox"/> HOST FACILITY CATEGORY A | 73.00 | 1686 |
| <input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.) | 1091.00 | 1614 | <input type="checkbox"/> HOST FACILITY CATEGORY B | 365.00 | 1687 |
| <input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.) | 933.00 | 1613 | <input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT | 630.00 | 1681 |
| <input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.) | 619.00 | 1612 | <input type="checkbox"/> STORMWATER | 83.00 | 6770 |
| <input type="checkbox"/> RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF) | 365.00 | 1611 | *Add one stormwater fee if any of the following permits are applied for: 1603, 1609, 1621, 1622, 1623 or 1680. One stormwater fee per facility. | | |
| <input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY* | 842.00 | 1609 | <input type="checkbox"/> BUSINESS RECYCLING | No fee | 4CR4 |
| <input type="checkbox"/> CERTIFIED FARMERS' MARKET | 933.00 | 1619 | (All fixed facilities in the City of Sacramento and Unincorporated County) | | |
| <input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A | 190.00 | 1631 | <input type="checkbox"/> SWIM POOL | \$490.00 | 3611 |
| <input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B | 381.00 | 1632 | <input type="checkbox"/> SPA POOL | 416.00 | 3612 |
| <input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C | 378.00 | 1633 | <input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM | 533.00 | 3613 |
| <input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D | 670.00 | 1635 | <input type="checkbox"/> WADING POOL | 321.00 | 3615 |
| <input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK | 322.00 | 1662 | <input type="checkbox"/> TEMPORARILY INACTIVE | 200.00 | 3617 |
| <input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK | 483.00 | 1663 | <input type="checkbox"/> SPRAY GROUND | 375.00 | 3618 |
| <input type="checkbox"/> SECONDARY OPERATOR | 268.00 | 1682 | | | |
| <input type="checkbox"/> CATERING OPERATION | 391.00 | 1683 | | | |
| <input type="checkbox"/> OTHER | | | | | |

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.

Signed _____ Title/Position _____ Date _____

Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 92% of each remaining fee. Secondary/Catering Operation (1682, 1683), Swap Meet Prepackaged Food Stand (1648), Satellite Food Distribution Facility (1693), Mobile Food Facility (1631, 1632, 1633, 1635) are not included as multiples and shall pay the standard fees.

| OFFICIAL USE ONLY | | | |
|---|--------------------------------------|-----------------------|------------------|
| EMD RECEIPT#: _____ | AMOUNT PAID: _____ | DATE PAID: _____ | ACCOUNT #: _____ |
| <input type="checkbox"/> NEW FACILITY <input type="checkbox"/> CHANGE OF OWNERSHIP ANNIVERSARY DATE (date of ownership change/opening date): _____ | | | |
| FACILITY ID #: _____ | CT: _____ | SPECIALIST: _____ | |
| PREVIOUS NAME OF FACILITY/BUSINESS: _____ | | | |
| PREVIOUS OWNER'S NAME: _____ | | OW #: _____ | OLD AR #: _____ |
| PROGRAM RECORD #: _____ | | VEHICLE LIC. #: _____ | DECAL #: _____ |
| RESTRICTIONS/COMMENTS: _____ | | | |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DISAPPROVED | BY: _____ | DATE: _____ |