

## General Application Form

### Section 1: Type of Application

- New Retail Food Facility:** effective date of operation: \_\_\_\_\_
- New Primary Recreational Water Facility:** effective date: \_\_\_\_\_  
 Indicate type:  Pool  Spa  Wading Pool  Special Use Pool
- New Secondary Recreational Water Facility:** effective date: \_\_\_\_\_  
 Indicate type:  Pool  Spa  Wading Pool  Special Use Pool
- New Caterer in a Shared Kitchen:** effective date: \_\_\_\_\_
- New Organized Camp:** effective date: \_\_\_\_\_
- New Owner:** effective date: \_\_\_\_\_
- Change in Caterer's Shared Kitchen\*:** effective date: \_\_\_\_\_
- Change the Name of the Business:** effective date: \_\_\_\_\_
- Change in Current Owner's Legal Status\*** (e.g. added/deleted partner or formed a Corp. or LLC); effective date: \_\_\_\_\_
- Change Legal Name of Permit Holder\*** (e.g., marriage/court proceedings) effective date: \_\_\_\_\_.

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: \_\_\_\_\_

\* Skip Section 4

### 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: (\_\_\_\_) \_\_\_\_\_  
 Previous (old) business name: \_\_\_\_\_  
 What is the source of the water system at this site?  Private  Public

### Section 4: Specific Program Information *(indicate type of facility)*

**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.sbcpd.org/ehs](http://www.sbcpd.org/ehs).

- 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]
- Caterer in a Shared Kitchen** [1612]
- Certified Farmers Market – Produce only.** [1620]
- Certified Farmers Market – With potentially hazardous food.** [1621]
- 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 5: 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 6: 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 7: 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 prior to opening.

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 \$ _____	Check # _____ Date _____ Receipt # _____ P/E: _____
By: _____	Comments: _____
<b>Plan Check:</b> By: _____ SR# _____	Final 028 Date: _____ By: _____ Evaluation 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: _____ <input type="checkbox"/> Clerical File