



# County of Yolo

## COMMUNITY SERVICES DEPARTMENT

### Environmental Health Division

292 W. Beamer Street, Woodland, CA 95695

PHONE (530) 666-8646 FAX (530) 669-1448

**Leslie Lindbo, MBA, REHS**  
**Director of Environmental Health**

## PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENT

This form must be completely filled out and signed for a new food establishment permit  
 or to change owner/facility information.

NAME OF FOOD SERVICE ESTABLISHMENT (DBA) \_\_\_\_\_  
 SITE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
 SITE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

OWNER or COMPANY NAME \_\_\_\_\_  
 OWNERSHIP STATUS OF ABOVE:     Sole Proprietor     Partnership     Corporation     LLC  
 LIST ALL OWNERS, PARTNERS, CORPORATE OFFICERS OR MEMBERS:  
 OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
 OWNER NAME \_\_\_\_\_ OWNER NAME \_\_\_\_\_  
 BUSINESS/HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ HOME/EMERGENCY CONTACT PHONE \_\_\_\_\_

BILLING INFORMATION / NAME OF CONTACT \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_  
 BILLING PHONE \_\_\_\_\_ BILLING FAX NUMBER \_\_\_\_\_

Does the above owner/company operate or own other food service establishments in Yolo County?    YES     NO   
 If YES, please list those establishments \_\_\_\_\_

IS THIS A CHANGE IN OWNERSHIP?     NO     YES    If YES, date of change \_\_\_\_\_ Previous Establishment Name \_\_\_\_\_

TYPE OF ESTABLISHMENT: Check the one that best describes the type of establishment you are operating:  
 Restaurant Less Than 650 Sq. Ft.     Restaurant Over 650 Sq. Ft.     Bar Less Than 650 Sq. Ft.     Bar Over 650 Sq. Ft.     Restaurant & Bar  
 Bakery     Market Under 2,000 Sq. Ft.     Market 2,000-6,000 Sq. Ft.     Market Over 6,000 Sq. Ft.  
 Market + One Food Prep     Market + Two Food Preps     Market + Three or More Food Preps  
 Mobile Food Facility/Cart     Mobile Food Prep Unit     Produce Truck, Produce Stand or Farmers Market     Commissary     Catering  
 LICENSE NUMBER OF MOBILE FOOD \_\_\_\_\_ ID NUMBER, CART NUMBER \_\_\_\_\_  
 Vending Machine(s)     Satellite Facility     Labor Camp Food Facility     Restricted Food Service/Bed & Breakfast     School Cafeteria  
 FEE EXEMPT ENTITY:     Charitable Organization     Veteran     Other \_\_\_\_\_

The undersigned, as Manager and/or Owner, hereby submits this application to operate a food establishment in compliance with California Health & Safety Code, Chapter 4, Article 3 Section 113920.  
 I understand this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location.  
 APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY		Approved By	Permit Number
Fee Paid		Date Approved	FA Number
Check Number	Cash	Condition of Approval	PE
Receipt Number			