



# County of Yolo

DEPARTMENT OF COMMUNITY SERVICES

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Environmental Health Division Manager

**Environmental Health Division**  
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## 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 _____	

<b>OWNER or COMPANY NAME</b> _____			
OWNERSHIP STATUS OF ABOVE: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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 _____	

<b>BILLING INFORMATION / NAME OF CONTACT</b> _____			
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 \_\_\_\_\_

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