



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
 Division of Environmental Health
 922 Bevins Court, Lakeport, CA 95453-9739
 Lakeport Office (707) 263-1164/FAX 263-1681

**NEW / RENEWAL APPLICATION
 FOR PERMIT TO OPERATE
 FOOD ESTABLISHMENT**

- Renewal** **New Application**
 Change of Ownership

Business Opening Date: _____

A Permit will not be issued if the application is incomplete.

A "Permit to Operate" is not transferable.

Facility Name (DBA): _____

Owner of the Business/Facility: _____

Are you a veteran of military service? If YES, please provide a copy of your DD214 (honorable discharge)

Person-in-Charge: _____ Phone # _____

Facility Address: _____

City _____ Zip Code _____ email: _____

Facility Phone #: _____ Facility Fax # _____

Billing Address: _____ City _____

State _____ Zip Code _____ Phone # _____ Fax # _____

Size of Food Facility (in square feet): _____ Seating Capacity: _____

Former Business/Facility Name (if applicable) _____

Days and Hours of Operation: _____

Open Year Round: Yes No Seasonal: Opening Date _____ Closing Date _____

Type of Facility: (Check all that apply)

Restaurant: Breakfast Lunch Dinner Bed & Breakfast

Mobile (Vehicle) License Plate # _____ Prepackaged Foods Bar

Store / Market: Butcher Deli Bakery Other _____

Certified Food Handler: (if required) _____ Exp date: (m/d/year) _____

As the Manager Owner of this establishment, I certify that, should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of food establishments as set forth in the California Retail Food Code. I also agree that representatives of the Health Department may make inspections and examine records during the hours when the business is operating.

 Printed Name

 Signature

 Date

For Office Use Only

Date Received: _____

Category: _____

Fee Amount: _____

Receipt #: _____

Facility No: _____

New Business – Opening: ____/____/____

Existing Establishment: _____

Change of Ownership: ____/____/____

Former Name: _____

Inspection Freq. _____ Due ____/____/____

CMHC
 entered:
