



County of El Dorado Environmental Management Department

2850 Fairlane Court, Bldg. C

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924 B Emerald Bay Road

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FOOD FACILITY PERMIT APPLICATION

☐ NEW FACILITY ☐ CHANGE OF OWNERSHIP ☐ EXISTING FACILITY - REMODEL ☐ OTHER _____

DATE OF OPENING: _____

TYPE OF FACILITY: (restaurant, bar, winery, etc.) _____

NAME OF FACILITY: _____

PHYSICAL ADDRESS OF FACILITY: _____

FACILITY MAILING ADDRESS (if different than physical address) _____

FACILITY TELEPHONE NUMBER: _____ FAX NUMBER: _____

SQUARE FOOTAGE: _____ WATER SUPPLY: _____ SEWAGE DISPOSAL: _____

WHERE WOULD YOU LIKE ALL CORRESPONDENCE TO BE MAILED FOR THE FACILITY? ☐ FACILITY MAILING ADDRESS ☐ OWNER MAILING ADDRESS

OWNER'S NAME: _____

OWNER'S MAILING ADDRESS: (do not list facility address) _____

TYPE OF OWNERSHIP: ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

OWNER'S EMAIL: _____ OWNER'S PHONE NUMBER: _____

NAME OF FOOD MANAGER: _____ FOOD CERTIFICATION: _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING COMPLIANCE WITH THE CALIFORNIA RETAIL FOOD CODE:

APPLICANT'S SIGNATURE

DATE

DRIVERS LICENSE NUMBER

TAX ID

FOR OFFICE USE ONLY BELOW THIS LINE

FACILITY # _____ INVOICE # _____ DATE REC'D _____

R.E.H.S. _____ ASSESSOR'S PARCEL NUMBER: _____

☐ BUSINESS LICENSE VERIFIED