



Department of Environmental Health
 Consumer Protection Division
County of Santa Clara
 1555 Berger Drive, Suite 300
 San Jose, CA 95112-2716
 (408) 918-3400, fax (408) 258-5891



PERMIT APPLICATION & CERTIFICATION STATEMENT

Owner Information:

Owner Name _____
 Corporation/LLC Name or First and Last Name of Primary Owner
Address _____ **City** _____ **ST** _____ **Zip** _____
Phone (____) _____ **Ext.** _____ **Fax** (____) _____ **Email** _____
Do you currently hold a permit to operate a Food Facility in Santa Clara County? No Yes *(If Yes, please answer the following):*
Facility ID# FA0 _____ **Facility Name** _____

Facility Information:

Facility Name _____
Address _____ **City** _____ **ST** _____ **Zip** _____
Phone (____) _____ **Ext.** _____ **Fax** (____) _____ **Email** _____

Please send Official/Billing Correspondence to: Owner Facility Other *(Please specify below):*

Name _____
Address _____ **City** _____ **ST** _____ **Zip** _____

This permit is renewable annually. A permit will not be issued or renewed until the application is complete and all fees have been paid in full.

The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.

The undersigned hereby applies for a **Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes.** Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. Notify the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE.**

Signature: _____ Date _____

Print Name: _____ Phone _____

For Office Use Only:

Owner ID# OW0 _____ (<input type="checkbox"/> Add New)	Facility ID# FA0 _____ (<input type="checkbox"/> Add New)
Food Safety Certification Required? Yes No	Name _____ Certificate # _____
	Expiration Date _____ Test Provider _____
General Health Program ID# PR0 _____ (<input type="checkbox"/> Add New)	District Code _____ Assigned Specialist ID _____
P/E _____ Status _____ Discount Code _____	Risk Category _____ City Code _____ Bus. Code _____ Bus. Type _____
Current Permit Valid from ___/___/___ to ___/___/___	
Emergency Contact _____ Phone (____) _____	
[Vehicle Information: Plate# _____ VIN _____ Make _____ Year _____ Type _____]	
General Permit ID# PT0 _____ (<input type="checkbox"/> Add New)	Permit Status _____ Permit Type _____
Permit Conditions and Descriptions: [Supervisor Initials _____]	
<input type="checkbox"/> Add Conditions <input type="checkbox"/> Modify Conditions <input type="checkbox"/> Delete Conditions	
Approved by: _____	Employee # _____ Date: _____ Supervisor Approval _____
(Specialist)	
Support Staff: _____	Entered Date: _____ New AR# _____ Ck# _____ \$ _____