



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

RETAIL FOOD FACILITY PERMIT APPLICATION

APPLICANT: Complete all areas below (please print or type), sign and date below, and submit to Environmental Health and Safety with the applicable fee.

NEW CHANGE OF OWNERSHIP FOR RECORDS ONLY CORP LLC PARTNERSHIP SOLE PROPRIETOR OTHER _____

Business Name _____ Type of Food _____

Name on Sign at Facility Site _____ Phone _____

Site Address _____ Ste # _____

City _____ Zip _____ Email Address _____

Owner Name (s) _____ Phone _____

Mailing Address _____ Ste # _____

City _____ State _____ Zip _____ Email Address _____

Previous Name of Business at This Location (If Applicable) _____

Opening Date of New Owner: _____ Soft Serve Yes No

Ownership Change Date: _____ Permit Fee Due \$ _____

Square Footage of Facility Interior _____ Stormwater Fee Due \$ _____

Additional Plan Review Hrs. Due _____ Hrs. at \$ _____ per Hour Total Plan Review Fee Due \$ _____

Total Fee Due \$ _____

PLEASE PROVIDE PAYMENT WITH THIS APPLICATION

I (we) understand that a permit is issued upon inspection of the above-named food facility when it is in substantial compliance with applicable state law and county code. Fees are not prorated. The permit is valid for twelve months, or as otherwise noted on the permit, and shall be renewed annually by payment of fees determined by the Board of Supervisors.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees, shall be deemed delinquent. Permits that continue to remain delinquent will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-4(n).*

The permit may be suspended or revoked for good cause. The permit is not transferable upon change of ownership and is valid only for the location/facility/owner listed above.

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Print Name/Title _____ Signature _____ Date _____

Print Name/Title _____ Signature _____ Date _____

For office use only:

PE _____ SW/PE _____ District _____ Issue Permit _____ Approved by _____

PR # _____ SW/PR # _____ APN _____ Entered by _____

Cash Check/Credit Card Trans# _____ Date Rec'd _____ by _____ Amount Rec'd \$ _____