



DEPARTMENT OF ENVIRONMENTAL RESOURCES

3800 Cornucopia Way, Suite C, Modesto, CA 95358-9494

Phone: 209.525.6700 • Fax: 209.525.6774

www.stancounty.com

APPLICATION FOR FOOD FACILITY PERMIT

TYPE OF APPLICATION

Requested action				
<input type="checkbox"/> New Business	<input type="checkbox"/> Update Information	<input type="checkbox"/> Change of Ownership (Effective date ____ / ____ / ____)		
This application is for				
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bakery	<input type="checkbox"/> Bar	<input type="checkbox"/> Catering Service	<input type="checkbox"/> Commissary <input type="checkbox"/> Market
<input type="checkbox"/> School	<input type="checkbox"/> Other:			
Square Footage:	<input type="checkbox"/> 0 to 2,000	<input type="checkbox"/> 2,001 to 6,000	<input type="checkbox"/> 6,001 to 15,000	<input type="checkbox"/> over 15,001
Seating Capacity:	<input type="checkbox"/> 0 to 20	<input type="checkbox"/> 20 to 50	<input type="checkbox"/> 51 to 100	<input type="checkbox"/> over 101

FACILITY INFORMATION

Facility Name	Within City Limits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address	City	Zip	
Primary Contact Person	Title		
Onsite Phone #	Fax #	Email	

If a catering service, provide information of the contracted food facility here. Attach a copy of the contract with this form.

OWNER INFORMATION – Please provide an alternate address distinct from the facility's address, and ensure it does not include a PO Box.

Owner or Company Name		
Address	City	State & Zip
Primary Contact Person	Title	
Phone#	Fax #	Email

BILLING/MAILING INFORMATION Same as Owner's Information Same as Facility Information

Name		
Address	City	State & Zip
Phone #	Fax #	Email

The undersigned, as Manager and/or Owner, hereby submits this application to operate a food establishment. The operation will be in accordance with the laws, ordinances and regulations that are now or may hereafter be enforced by the State of California, or under the jurisdiction of Stanislaus County Department of Environmental Resources pertaining to the above-mentioned business.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Received on: _____