



APPLICATION FOR PERMIT TO OPERATE

FACILITY	Business Name (DBA): _____ Phone: _____
	Site / Commissary Address: _____ City: _____ State: _____ Zip: _____
	Days of operation: _____ Hours of operation: _____
If this facility has a semi-frozen (soft serve) processing machine please call the State of California Milk & Dairy Food Safety Branch at (209) 466-7186	
BILL	Billing Name: _____ Phone: _____
	Billing Address: _____ City: _____ State: _____ Zip: _____
OWNER	Owner(Corp/LLC) Name: _____ Phone: _____
	Address (home or office): _____ City: _____ State: _____ Zip: _____
	Owner E-mail: _____ Business E-mail: _____

TYPE OF PERMIT	FEE	PE	TYPE OF PERMIT	FEE	PE
<input type="checkbox"/> RESTAURANT*	\$1292.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$150.00	1648
<input type="checkbox"/> BAR	815.00	1620	<input type="checkbox"/> ADMIN REVIEW/CONFIRMATION	73.00	1649
<input type="checkbox"/> RESTAURANT W/BAR*	1665.00	1621	<input type="checkbox"/> COMMISSARY*	534.00	1680
<input type="checkbox"/> FOOD PREP ESTAB W/O HOOD <2000 SQ FT*	1014.00	1623	<input type="checkbox"/> SEASONAL LOW RISK	244.00	1675
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	686.00	1625	<input type="checkbox"/> SEASONAL HIGH RISK	298.00	1676
<input type="checkbox"/> SCHOOL SATELLITE FACILITY	496.00	1626	<input type="checkbox"/> SEASONAL RESTAURANT	869.00	1603
<input type="checkbox"/> CHARITABLE FEEDING REGISTRATION	181.00	1690	<input type="checkbox"/> BAKERY – NO PREPARATION	568.00	1652
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	239.00	1693	<input type="checkbox"/> HOST FACILITY CATEGORY A	73.00	1686
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	1091.00	1614	<input type="checkbox"/> HOST FACILITY CATEGORY B	365.00	1687
<input type="checkbox"/> RETAIL MARKET (6,000 – 14,999 SQ FT.)	933.00	1613	<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISHMENT	630.00	1681
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	619.00	1612	<input type="checkbox"/> STORMWATER	83.00	6770
<input type="checkbox"/> RETAIL MARKET (25-300 SQ FT PRE-PACKAGED, NON PHF)	365.00	1611	*Add one stormwater fee if any of the following permits are applied for: 1603, 1609, 1621, 1622, 1623 or 1680. One stormwater fee per facility.		
<input type="checkbox"/> VETERAN'S ORGANIZATION FOOD FACILITY*	842.00	1609	<input type="checkbox"/> BUSINESS RECYCLING	No fee	4CR4
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	933.00	1619	(All fixed facilities in the City of Sacramento and Unincorporated County)		
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	190.00	1631	<input type="checkbox"/> SWIM POOL	\$546.00	3611
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	381.00	1632	<input type="checkbox"/> SPA POOL	527.00	3612
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	378.00	1633	<input type="checkbox"/> POOLS ON SINGLE RECIRCULATING SYSTEM	575.00	3613
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY D	670.00	1635	<input type="checkbox"/> WADING POOL	369.00	3615
<input type="checkbox"/> MULTI-EVENT VENDOR – LOW RISK	322.00	1662	<input type="checkbox"/> TEMPORARILY INACTIVE	200.00	3617
<input type="checkbox"/> MULTI EVENT VENDOR – HIGH RISK	483.00	1663	<input type="checkbox"/> SPRAY GROUND	407.00	3618
<input type="checkbox"/> SECONDARY OPERATOR	268.00	1682			
<input type="checkbox"/> CATERING OPERATION	391.00	1683			
<input type="checkbox"/> OTHER					

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.

Print _____ Signature _____ Title/Position _____ Date _____

Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 92% of each remaining fee. Secondary/Catering Operation (1682, 1683), Swap Meet Prepackaged Food Stand (1648), Satellite Food Distribution Facility (1693), Mobile Food Facility (1631, 1632, 1633, 1635) are not included as multiples and shall pay the standard fees.

OFFICIAL USE ONLY			
EMD RECEIPT#: _____	AMOUNT PAID: _____	DATE PAID: _____	ACCOUNT #: _____
<input type="checkbox"/> NEW FACILITY <input type="checkbox"/> CHANGE OF OWNERSHIP ANNIVERSARY DATE (date of ownership change/opening date): _____			
FACILITY ID #: _____	CT: _____	SPECIALIST: _____	
PREVIOUS NAME OF FACILITY/BUSINESS: _____			
PREVIOUS OWNER'S NAME: _____		OW #: _____	OLD AR #: _____
PROGRAM RECORD #: _____		VEHICLE LIC. #: _____	DECAL #: _____
RESTRICTIONS/COMMENTS: _____			
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	BY: _____	DATE: _____