



**CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
1390 MARKET ST., STE 210, SAN FRANCISCO, CA 94102**

APPLICATION FOR FOOD PERMIT TO OPERATE OR CERTIFICATE OF SANITATION

Applicant or new owner must complete items 1-18. Accurate information is required, false or misleading information may result in delay or denial of the application. Obtain prior approval if you intend to change your food operation.

DATE OF APPLICATION: _____

1) Bus. Address: _____ Yes, mailing address 2) Bus. Name: _____

3) Type of Transaction: Ownership Change New Installation Reclassification Record Purposes

4) Type of ownership: (check one) Sole Owner Partnership Corporation LLC

5) Name of Owner(s) or Corporation : _____

If corp. or LLC, list major officers: _____

6) Owner Home or Corp. office address _____ Yes, mailing address

7) Business Ph # _____ 8) Home & Emergency Ph. #'s' _____ and _____

9) General Type of Food Business: _____ 10) Sq. Ft. of Establishment: _____

11) Will this operation prepare food or beverages? Y N 12) Will you be cooking food? Y N If yes, list types of cooking equipment: _____

12) Will you warm or reheat food? Y N If yes, list warming equipment: _____

13) Do you have patron seating? Y N If yes, no. of seats _____ 14) Number of toilets rooms : _____

15) * SIGNATURES OF ALL OWNER(S) AND OFFICER(S):

x _____ x _____ x _____ x _____

* Prior to Application Approval, the applicant shall provide the following:

16) Proof of Workers Compensation Insurance _____

17) If preparing food, a menu or listing of all foods served. _____

18) A drawing of premises depicting all rooms with new and existing equipment. _____

FOR DPH OFFICE USE ONLY

Filing Fee _____ Zoning Ref. Fee _____ Out _____ In _____ SFFD Ref. Fee _____ Out _____ In _____

Receipt# _____ Previous Owner Out Business Notification _____ Other specify _____

Special Application or facility notes: _____

Inspector's report to the Director of Public Health:

After having made careful inspection in the above case on _____ 20____, I recommend:

APPROVAL OF A NEW PERMIT TO OPERATE

DISAPPROVAL OF A NEW PERMIT TO OPERATE FOR THE REASONS: _____

x _____
PRINCIPAL INSPECTOR

x _____
INSPECTOR

| District # | Census Tract | Permit# | Type of Permit/ Classification / Limitations | Location ID |
|------------|--------------|---------|--|-------------|
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