



**CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
1390 Market St., Ste 210, San Francisco, CA 94102**

**APPLICATION FOR PERMIT TO OPERATE
OR CERTIFICATE OF SANITATION**

Type Of Business: _____ Date of Application: _____

Ownership Change New Installation Reclassification Record Purpose

BUSINESS NAME AND ADDRESS: CROSS STREET:	BUSINESS PHONE NO.(S): MAIN CONTACT:
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Sole Owner Partnership Corporation LLC

Permit to be Issued in Name(s) of: Specify Business Name, Business Owner or Principal Officers. (Print)	Owner/Corporation Mailing Address (Print)

Emergency Contact & Phone No.: _____ Owner Phone. No. _____
 No. of Toilets: _____ Sq.Ft. of Establishment: _____ Alternate Phone .No. _____

*** SIGNATURE(S) OF APPLICANT(S)**

X _____ X _____
 X _____ X _____

* If Partnership, all partners must sign. If Corporation, authorized Officer must sign.

FOR OFFICE USE ONLY

Special Notes: _____

laundry machines

total no.:	washers:
dryers:	extractors:

Food Safety Certificate Required: Yes No Certifying Agency: _____

Certificate No.: _____ Certified person: _____ Exp. Date: _____
 Filing Fee _____ Advertising and Posting Fee _____ Fire Department Referral _____
 Zoning Referral _____ DBI Referral _____ Out of Business Notification _____

INSPECTOR'S REPORT

To the Director of Public Health:
 After having made a careful inspection in the above case on _____, 20

I RECOMMEND the issuance of a New Permit to operate
 I DISAPPROVE the issuance of a New Permit to operate for the following reasons: _____

PRINCIPAL INSPECTOR	INSPECTOR

DISTRICT NO.	CENSUS TRACT	PERMIT NO.	TYPE OF PERMIT/CLASSIFICATION	LOC ID: