

## Application for Permit to Operate or Certificate of Sanitation

Type of Bu	isiness:			Date of Application	on:		
□Owners	hip Change	□New Inst	allation	Reclassification	Reco	ord Purpose	
Business N	lame:			Business Lice	nse #:		
Business A	ddress:						
Cross Stree	et:			Business Ph	one #:		
Main Contact:				Board of Equalization #:			
□Sole Owner □Partnership			•	Corporation			
Permit to l	be Issued in	Name(s) of: (Speci	ify business name,	Business Owner or Pr	incipal Officers)		
Owner/Co	rporation Ma	ailing Address:					
Emergency	/ Contact		0				
& Phone #	: –	Alternate Phone #:					
# of Toilets				. of Establishment:			
			Signature(s) of	Applicant(s):*			
				, .pp.:.ca(o):			
Х			Х				
х			Х				
*If Partners	hin all narthe	rs must sign. If Corp	oration, authorized	Officer must sign.			
in i di titer s	mp, an partite	0 1					
			of Public Health (	Office Use Only	La	undry Machines	
Special Note		For Department	of Public Health (	-	La Total #	undry Machines Washers:	
		For Department		-		-	
Special Note	es:	For Department		-	Total #	Washers:	
Special Note Food Safety	es: <b>/ Certificate R</b> D Certifying A	For Department equired: gency:	Certificate #	Certified Person:	Total # Dryers: Exp. Date:	Washers: Extractors: Filing Fee:	
Special Note Food Safety	es:	For Department equired: gency:		Certified Person:	Total # Dryers:	Washers: Extractors: Filing Fee:	
Special Note Food Safety	es: <b>/ Certificate R</b> D Certifying A	For Department equired: gency:	Certificate # Fire Dept. Referral	Certified Person: : DBI Referral:	Total # Dryers: Exp. Date:	Washers: Extractors: Filing Fee:	
Special Note Food Safety Yes No Advertising 8	es: <b>/ Certificate R</b> D Certifying A	For Department equired: gency: Zoning Referral:	Certificate # Fire Dept. Referral	Certified Person:	Total # Dryers: Exp. Date:	Washers: Extractors: Filing Fee:	
Special Note Food Safety Yes Note Advertising & To the Direct After having	es: / Certificate R o Certifying A k Posting Fee: ector of Publ ng made a ca	For Department equired: gency: Zoning Referral: ic Health: reful inspection in	Certificate # Fire Dept. Referral Inspector the above case or	Certified Person: : DBI Referral:	Total # Dryers: Exp. Date: Out of Business	Washers: Extractors: Filing Fee:	
Special Note Food Safety Yes No Advertising 8 To the Dire After havin I recomme	es: <u>y Certificate R</u> <u>b Certifying A</u> <u>c Certifying Fee</u> : ector of Publing made a ca end the issua	For Department equired: gency: Zoning Referral: ic Health: reful inspection in nce of a New Pern	Certificate # Fire Dept. Referral Inspector the above case or nit to operate $\Box$	Certified Person: DBI Referral: 's Report	Total # Dryers: Exp. Date: Out of Business, 20	Washers: Extractors: Filing Fee: Notification:	
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