

# HEALTH DEPARTMENT USE ONLY

Date Application Filed:		Health District:	<b>3 4 5</b>	<b>Message OTHER</b>
Date to Zoning:		Inspector:		Phone
Date from Zoning:		Supervisor's Initials:		Date:



**Please submit to:**  
 CITY AND COUNTY OF SAN FRANCISCO  
**DEPARTMENT OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH**  
 1390 Market Street, Suite 210, San Francisco, CA 94102 - (415) 252-3800

## Zoning Referral for Health Permit

### 1. Business Information

BUSINESS STREET ADDRESS:	
NAME OF BUSINESS:	

TOTAL SQUARE FOOTAGE OF AREA (includes storage and bathroom areas):	OUTDOOR SEATING AREA?	OUTDOOR FOOD/DRINK SERVICE?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WHAT FLOOR OF THE BUILDING WILL THE BUSINESS OCCUPY?

Ground (First) Level   
  Second Level   
  Third Level   
  Other Level: \_\_\_\_\_

- 1a. Change of Use (depending of the zoning of the property, neighborhood notification may be required):  Yes     No  
 If yes, what is the existing use? \_\_\_\_\_
- 1b. Change of business ownership?  Yes     No  
 If not a change of ownership, then is it a new establishment?     Yes     No
- 1c. Is the establishment vacant?  Yes     No  
 If yes, how long was the establishment vacant? \_\_\_\_\_
- 1d. Do you propose to alter the interior or exterior of the establishment?  Yes     No  
 If yes, what is the Building Permit Application Number? \_\_\_\_\_
- 1e. Is the business a Formula Retail Chain or Franchise with 11 or more locations within the U.S.?  Yes     No  
 If yes, a Formula Retail Affidavit is **required**. (Formula Retail - P.C. Sec. 301.1)
- 1f. Does this business sell alcoholic beverages?  Yes     No  
 If yes, read page two for category restrictions.

### 2. Type of Operation, please check:

<input type="checkbox"/> <b>Restaurant</b>	<input type="checkbox"/> <b>Limited Restaurant</b>
<input type="checkbox"/> <b>Bar</b>	<input type="checkbox"/> <b>General / Specialty Grocery</b>
<input type="checkbox"/> <b>Catering</b>	<input type="checkbox"/> <b>Cottage Food Operator</b>
<input type="checkbox"/> <b>Massage</b> <i>(if applicable, please select your type of massage business below)</i>	
<input type="checkbox"/> Chair/Foot Massage Only	<input type="checkbox"/> Sole Practitioner Establishment
<input type="checkbox"/> Within a gym, hotel, or hospital	

**Other:** \_\_\_\_\_

2a. Accessory Use (business within another business)?     Yes     No    **If yes, plans are required.**

2b. Days / Hours of Operation: \_\_\_\_\_

### 3. Applicant's Affidavit

NAME:	
	<input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Agent
MAILING ADDRESS: (STREET ADDRESS, CITY, STATE, ZIP)	
PHONE:	EMAIL:
(       )	

1. I am the owner or authorized agent of the owner of this property.
2. The information presented on this application is true and correct to the best of my knowledge.
3. Additional information or applications may be required in order to render this application complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PLANNING DEPARTMENT USE ONLY

BLOCK / LOT:	ZONING:	RUD / SUD:	LCU / NCU:
ZONING REFERRAL NUMBER:	OFFICIAL SITE ADDRESS (if different):		
BPA NUMBER:	312 NOTICE COMPLETE: <input type="checkbox"/> Yes <input type="checkbox"/> No	PRELIMINARY SCREENING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CASE NO.:	MOTION NO.:	EFFECTIVE DATE:	CONDITIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER:			
ADDITIONAL DOCUMENTS REQUIRED:			
<input type="checkbox"/> SITE PLAN	<input type="checkbox"/> MESSAGE DOCS	<input type="checkbox"/> OTHER: _____	

RECOMMENDATION:	Per Planning Code Section:
<input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	
CONDITIONS OF APPROVAL:	
COMMENTS:	
AUTHORIZATION:	
Signature: _____	Date: _____
Printed Name: _____	Phone: (     ) _____

**Restaurant** <sup>790.91</sup>: A retail eating and/or drinking use which serves prepared, ready-to-eat cooked foods to customers for consumption on or off the premises and which has seating. It may have a Take-Out Food<sup>790.122</sup> as a minor and incidental use. It may provide on-site alcohol sales for drinking on the premises (ABC Types 41, 47, 49, 59, or 75); however, if it does it is required to operate as a Bona Fide Eating Place<sup>790.142</sup>. It is not required to operate within an enclosed building per Section 703.2(b)(1) so long as it is also a Mobile Food Facility<sup>102.34</sup>. Any outdoor seating and/or dining area is subject to regulation as an Outdoor Activity Area.

**Limited Restaurant** <sup>790.90</sup>: A retail eating and/or drinking use which serves ready-to-eat foods and/or drinks to customers for consumption on or off the premises, that may or may not have seating. It may provide off-site beer and/or wine sales for consumption off the premises with an ABC Type 20 license within the accessory use limits of Section 703.2(b)(1)(C)(vi).

**Bar** <sup>790.22</sup>: A retail use which provides on-site alcoholic beverage sales for drinking on the premises. ABC License Types include: 42, 48, or 61 (no minors permitted on premises) and 42 or 60 (minors permitted on premises).

**General Grocery** <sup>790.102(a)</sup>: A retail food establishment that offers a diverse variety of unrelated, non-complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption

**Specialty Grocery** <sup>790.102(b)</sup>: A retail food establishment that offers specialty food products, such as baked goods, pasta, cheese, confections, coffee, meat, seafood, produce, artisanal goods and other specialty food products, and may also offer additional complementary food and non-food commodities. May provide beer, wine, and/or liquor sales for consumption off the premises with ABC Type 20 or 21 within the accessory use limits of Section 703.2(b)(1)(C)(vi). May prepare minor amounts or no food on-site for immediate consumption.

**Other may include: Massage Establishment** <sup>790.60</sup>, **Tobacco Paraphernalia Establishment** <sup>790.123</sup>, **Medical Cannabis Dispensary** <sup>790.141</sup>, **Service, Personal** <sup>790.116</sup>, **Take-out Food** <sup>790.122</sup>

For more information regarding types of establishments, zoning, and Planning Code questions, you may go on-line to [www.splanning.org](http://www.splanning.org) or contact the Planning Information Center (PIC) for more information:

**Planning Information Center (PIC)**  
 1660 Mission Street, First Floor  
 San Francisco CA 94103-2479  
 TEL: **415.558.6377**