



## Application for Permit to Operate or Certificate of Sanitation

**Type of Business:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

Ownership Change       New Installation       Reclassification       Record Purpose

**Business Name:** \_\_\_\_\_ **Business License #:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Cross Street:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

**Main Contact:** \_\_\_\_\_ **Board of Equalization #:** \_\_\_\_\_

Sole Owner       Partnership       Corporation       LLC

**Permit to be Issued in Name(s) of:** (Specify business name, Business Owner or Principal Officers)

**Owner/Corporation Mailing Address:** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Owner Phone #:** \_\_\_\_\_

**& Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**# of Toilets:** \_\_\_\_\_ **Sq. Ft. of Establishment:** \_\_\_\_\_

### Signature(s) of Applicant(s):\*

X \_\_\_\_\_ X \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

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

For Department of Public Health Office Use Only				Laundry Machines	
Special Notes: _____				Total #	Washers:
				Dryers:	Extractors:
<b>Food Safety Certificate Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Certifying Agency:		Certificate #	Certified Person:	Exp. Date:	Filing Fee:
Advertising & Posting Fee:	Zoning Referral:	Fire Dept. 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:

\_\_\_\_\_  
 \_\_\_\_\_

X \_\_\_\_\_  
 Inspector

X \_\_\_\_\_  
 Principal Inspector

District #	Census Tract	Permit #	Type of Permit/Classification/Limitations	Loc. ID:
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