



## 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:
Food Safety Certificate Required: <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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