



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH AND QUALITY
APPLICATION FOR PUBLIC HEALTH PERMIT

ADDRESS: 5500 OVERLAND AVE #170, SAN DIEGO, CA 92123 | PHONE: (858) 505-6666 | FAX: (858) 999-8920
MAILING ADDRESS: P.O. BOX 129261, SAN DIEGO, CA 92112-9261
EMAIL: FHDPERMITS@SDCOUNTY.CA.GOV

PREFERRED LANGUAGE(S) SPOKEN OR READ/Idiomas Preferido(s) Hablados o Leídos

We are committed to enhancing communication and services to our customers. In support of this effort, we are seeking information on the primary languages spoken by you and your staff. This information will allow FHD to continue to translate various applications and informational materials.

Preferred Language/Idioma preferido: Arabic Chinese – Cantonese Chinese – Mandarin English Farsi Filipino Japanese Karen Korean Somali Spanish Vietnamese Other _____

Preferred Secondary Language/Segundo idioma preferido: Arabic Chinese – Cantonese Chinese – Mandarin English Farsi Filipino Japanese Karen Korean Somali Spanish Vietnamese Other _____

- Please print clearly, using BLUE or BLACK ink ONLY/ Por favor escribir legible con tinta NEGRA o AZUL Solamente -

APPLICATION TYPE/Tipo de Aplicacion

☐ Food Facility☐ Mobile Food☐ Pool/Body of Water☐ Massage Establishment☐ Public Housing☐ Body Art Facility☐ Resort/Entertainment Complex☐ Seasonal Organized Camp☐ Annual Organized Camp☐ Class B Cottage Food Operation☐ Charitable Feeding Food Facility

BUSINESS INFORMATION/Información del Negocio

Business Name (DBA)/ Nombre del Negocio: _____

Business Address (DBA)/ Dirección del Negocio: _____

Assumed Business Date/Fecha de inicio: _____ Days & Hours of Operation/ Dias y horas de operación: _____

Month/Mes: _____ Day/Día: _____ Year/Año: _____

APPLICANT INFORMATION/Información del Apicante

Check if same as owner/Marque aqui SI es la mismo del dueño

Name/Nombre: _____ Email/Correo electrónico: _____

Phone #/Número de teléfono: _____ Home Phone#/Número de casa: _____

Fax #/Número de fax: _____ Mobile Phone#/Número de cell: _____

Street #/Número de la calle: _____ Street Name & Suite/Nombre dela calle: _____ City/Ciudad: _____ Zip Code/Código postal: _____

BILLING INFORMATION/Información de Facturacion

Check if same as owner/Marque aqui SI es la mismo del dueño

Name/Nombre: _____ Email/Correo electrónico: _____

Phone #/Número de teléfono: _____ Home Phone#/Número de casa: _____

Fax #/Número de fax: _____ Mobile Phone#/Número de cell: _____

Street #/Número de la calle: _____ Street Name & Suite/Nombre de la calle: _____ City/Ciudad: _____ Zip Code/Código postal: _____

OWNER INFORMATION/Información del Dueno

Type of Ownership/Tipo de organización:

Sole Owner/Dueño único

Partnership/Sociedad

Corporation/Corporación

Non-Profit/Sin fines de lucro

Owner Name (Corp, LLC, or Sole Owner)/Dueño: _____

Please list the NAME of the entity if applicable. An honorably discharged veteran who is a sole owner may be entitled to a fee exemption for certain food related permits.

Owner Email/Correo electrónico del dueno: _____

List of Partners or Officers (attach separate sheet if necessary)/Lista de socios: _____

Phone #/Número de teléfono: _____ Home Phone#/Número de casa: _____

Fax #/Número de fax: _____ Mobile Phone#/Número de cell: _____

Street #/Número de la calle: _____ Street Name & Suite/Nombre de la calle: _____ City/Ciudad: _____ Zip Code/Código postal: _____

FOOD FACILITIES ONLY/Establecimientos de Comida Solamente

of Employees/Número de empleados: _____ Total # of Prep Areas/Número de areas de preparación (deli, bakery,etc.): _____

Square Footage/Area en pies cuadrados: _____ # of Vending Machines/Número de maquinas: _____

Outdoor Dining/Comedor al aire libre:

Sole

Sole and Covered

Shared

Shared and Covered

None

N/A

Outdoor Dining Seating Capacity/Capacidad de asientos comedor al aire libre: _____

Outdoor Dining Square Footage/Pies cuadrados de comedor al aire libre: _____

Indoor Dining/Comedor interior:

Sole

Shared

None

N/A

Indoor Dining Seating Capacity/Capacidad de asientos comedor interior: _____

Indoor Dining Square Footage/Pies cuadrados de comedor interior: _____

Restroom Type/Tipo de baño:

Shared Public and Employee

Common Use Public and Employee

Employee Only

Common Use Public/Separate Employee

Separate Public/Separate Employee

Men Stalls: _____ Men Urinals: _____ Women Stalls: _____ Unisex Rooms: _____

Drive Thru:

Yes

No

Year Building was Built/Año de construcción del edificio: _____

If applying for a Microenterprise Home Kitchen Operation (MEHKO) permit check here/Si está aplicando para un permiso de MEHKO marque aquí:

DEH:FH-152 (Rev. 11/2025)

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MOBILE FOOD FACILITIES ONLY/Móviles de Comida Solamente

MUST SUBMIT COMMISSARY AGREEMENT LETTER, TOILET FACILITY LETTER (if applicable/si es aplicable)
Will the mobile unit be operating at one location at all times? Estara la unidad móvil tranajando en una sola ubicación?
☐ Yes/Si ☐ No (If no, please provide a list of locations/Si es NO, por favor incluya una lista de las ubicaciones)

Indicate # of Mobile Units (In addition to the sink cart)/ Numero de Unidades Móviles (Aparte del sink móvil):_____

HOUSING PERMIT ONLY/Permiso de Viviendas Solamente

Indicate # of Housing Units/Número de unidades:_____ Facility Type/Tipo de facilidad: ☐ Apartment Complex ☐ Hotel/Motel
Name of Management Company/Nombre de la compañía administradora (if applicable/si es aplicable): _____
Primary Contact Name/Nombre del contacto principal: _____
Phone #/Número de teléfono:_____ Email/Correo electrónico:_____

POOL PERMIT ONLY/Permiso de Piscina Solamente

Bodies of Water/Cuerpos de agua: # of Pool(s):_____ # Spa(s):_____ # of Wader(s):_____ # of Spray Ground(s):_____ Other: _____
If any body of water is indoors, please specify which one/Si algun cuerpo de agua está ubicado en el interior, especifique cuál: _____
Facility Type/Tipo de facilidad: ☐ Apartment Complex ☐ Bath House ☐ Bed & Breakfast ☐ Campground ☐ County/Private Club
☐ Government/Municipal/County Agency ☐ Health/Swim Club ☐ HOA ☐ Hotel/Motel ☐ Mobile Home Park ☐ Public Park
☐ Resort Enter. Complex ☐ School/College/University ☐ Shopping Mall ☐ Waterpark/Theme Park
Name of Management Company/Nombre de la compañía administradora (if applicable/si es aplicable): _____
Primary Contact Name/Nombre de contacto principal: _____
Phone #/Número de teléfono:_____ Email/Correo electrónico: _____
Access for Inspection/Acceso para inspección: ☐ Key/Llave ☐ Lockbox/Caja de seguridad
☐ On-site Contact/Contacto en el sitio Name/Nombre: _____ Phone Number/Número de teléfono: _____
*If key or lockbox were checked, the area specialist will reach-out to obtain key/information. Si marcó llave o caja de seguridad, el especialista del área se comunicará con usted para obtener la llave/información.

BODY ART FACILITY ONLY/Arte de Cuerpo Solamente

Indicate the Services you will be Providing/Indique los servicios que serán proporcionados
(Check all that apply/Marque todos que apliquen)
☐ Tattooing ☐ Permanent Cosmetics ☐ Body Piercing ☐ Branding ☐ Mobile Body Art
- INFECTION PREVENTION & CONTROL PLAN (IPCP) TO BE SUBMITTED WITH APPLICATION.
- PRACTITIONERS MUST BE REGISTERED WITH DEHQ.

Applicable to all permits:
❖ I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true.
❖ I agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances.
❖ I hereby consent to all necessary fees and inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business.
❖ I hereby authorize any owner, partner, or authorized agent listed on this application to make changes on behalf of this permit.
❖ I understand that the issued health permit will continue to renew annually, and fees will continue to accrue until the owner, partner, or authorized agent submits a request to DEHQ-FHD for the permit to be inactivated.
❖ I agree to not make any modifications or changes to my existing project/facility, including menu/equipment changes, changes in commissary, or changes of ownership, without prior written approval.
❖ I agree not to operate until a valid health permit is issued.
❖ I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

Authorized Signature/Firma: _____ Date/Fecha: _____
Print Name/Nombre: _____ Title/Titulo: _____

CHANGE OF OWNERSHIP ONLY/Cambio de Dueño Solamente

Documents required to process change of ownership/Documentos requeridos para procesar el cambio de dueño:
*Health Permit Application
*Proof of ownership (such as: business license, seller's permit, etc)
*Menu/Food Items Produced (Food Facilities and Mobile Food Facilities only)
*Change of ownership questionnaire (Food Facilities only)
After an invoice is generated, the following payment options are available/Después de que se genere una factura, existen varias opciones para realizar el pago:
*Online at www.dehqpay.com
*In-person at 5500 Overland Ave, #170, San Diego, CA 92123
*By mail P.O. BOX 129261, San Diego, CA 92112-9261 (May take up to two weeks for processing)

NOTE: A food facility shall not be open for business without a valid health permit (Section 114381 of the California Health & Safety Code and Section 61.104 of San Diego County Code of Regulatory Ordinance). Permit fees due to DEHQ for the investigation of a regulated business operating without a Health Permit will be three (3) times the cost of the annual permit fee, which are payable in addition to the current permit fee.



– OFFICE USE ONLY –					
<input type="checkbox"/> New <input type="checkbox"/> Change of Owner <input type="checkbox"/> Update Record <input type="checkbox"/> Exempt					
New Permit #	Previous Permit # or Plan Check #	Record/Permit Type	Units	Decal Number	Processing Clerk