



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH APPLICATION FOR PUBLIC HEALTH PERMIT



-OFFICE USE ONLY-

ADDRESS:

5500 OVERLAND AVE #170
SAN DIEGO, CA 92123
PHONE: (858) 505-6666
FAX: (858) 505-6848

MAILING ADDRESS:

P.O. BOX 129261
SAN DIEGO, CA 92112-9261

New #: _____

Previous #: _____

Record Type: _____

New Change of Owner Update Record Exempt

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

TYPE OF APPLICATION (Check one per site) 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 Host Facility Catering Direct Sales Catering

| | |
|---|---|
| RECORD INFORMATION/Información del Establecimiento | Business Name (DBA)/ Nombre del establecimiento: _____ |
| Assumed Business Date/Fecha de inicio: | Days & Hours of Operation/ Días y horas de operación: _____ |
| Month/Mes: _____ Day/Día: _____ Year/Año: _____ | |

BUSINESS/APPLICANT INFORMATION/Información del Establecimiento Check if same as owner/Marque si igual al 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: _____

BILLING ADDRESS/ Dirección de Correspondencia Check if same as owner/Marque si igual al 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 Dueño **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 dueño: _____
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 áreas de preparación (deli, bakery, etc.): _____
 Square Footage/Area en pies cuadrados: _____ # of Vending Machines/Número de maquinas: _____

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?/Estará la unidad móvil trabajando en una sola ubicación?
 Yes/Si No (If no, please provide a list of locations/Si no, porfavor 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: _____

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: # of Pool(s): _____ # Spa(s): _____ # of Wader(s): _____ # of Spray Ground(s) : _____ Other: _____

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: _____

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 DEH.**

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 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 also 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.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

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 (if applicable)

*Change of ownership questionnaire (if applicable)

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.dehpay.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 DEH 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.**- FOR OFFICE USE ONLY/Para Uso de Oficina Solamente -**

| New Permit # | Previous Permit # or Plan Check # | Permit Type | Units | Decal Number | Processing Clerk |
|--------------|-----------------------------------|-------------|-------|--------------|------------------|
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