

Shasta County Department of Resource Management
Environmental Health Division

1855 Placer Street, Suite 201, Redding, CA 96001 Telephone (530) 225-5787, FAX (530) 225-5413
www.co.shasta.ca.us/index/drm_index/eh_index.aspx

APPLICATION FOR PERMIT TO OPERATE A FOOD FACILITY

Name of Establishment _____ Phone _____

Assessor's Parcel Number _____ - _____ - _____

City of Anderson City of Redding City of Shasta Lake Unincorporated area of Shasta County

Street Address _____

Mailing Address (if different than above) _____

FOOD SAFETY CERTIFICATION INFORMATION

Testing Company/Test Type _____ Certificate Issue Date _____

Name (as printed on certificate) _____ Certificate # (if available) _____

Please do not provide Social Security Number as Certificate #.

As the owner of this establishment, I certify that should a permit be granted, I shall observe the statutes and regulations pertaining to the operation of this establishment as may be promulgated. I also agree that the representatives of the Environmental Health Division may make inspections and examine records during the hours when the business is open to the public. By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

(Signature)

(Date)

_____. If there has been **no change** in this operation since the previous application, (**including ownership**), please check here. It will then be unnecessary to complete the remainder of this form. If change has occurred, please describe and complete the remainder of this form. Describe change(s) _____

Food Facility Owner _____ Phone _____

Address of owner _____

Manager (if not owner) _____ Phone _____

Owner of building _____

Address of building owner _____

Establishment Type _____ Square Footage _____

Utensils Used: Multiuse _____ Single Service (disposable) _____

Has this building been used as a food establishment before? _____ If yes, name of most recent business _____

Water Supply: Public System _____ Name _____

Private System _____

Water Source: Well _____ Spring _____ Creek _____ Other (describe) _____

Number of Service Connections: _____

Do you serve an average daily number of 25 people 60 days per year? Yes _____ No _____

Sewage Disposal: Community Sewer _____ Septic Tank _____

Date Received _____ By _____

Renewal _____

Amount _____

New _____ Date _____

Owner change _____ Date _____

Approved by _____ Date _____