



# Environmental Health Division

## APPLICATION FOR A PERMIT TO OPERATE A FOOD FACILITY



Ukiah Office: 860 N Bush Street  
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Fort Bragg Office: 120 W Fir Street  
Ph: 707-961-2714

Facility Name: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_

Facility Site Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

Facility Owner(s) Name(s): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Facility Mailing Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Previous Name of Facility (if known/applicable): \_\_\_\_\_

Number of Months of Operation:  **Annual** (12 Months per year)  **Seasonal** (6 Months or Less per year)

Source of Water Supply:  **Individual** (Private Well or System)  **with Chlorinator**  **Public** (City)

Method of Sewage Disposal:  **Septic System**  **Public or City Sewer**

Facility Building Status:  **New** construction of a food facility  **Remodel** of existing facility  
 **Existing Facility** with no remodel

**Total square footage of facility (including storage, restrooms, dining area, etc):** \_\_\_\_\_

**Please Note:**

**1. If you checked either "New" or "Remodel" above, you must contact a health inspector to determine whether a plan check and plan check fee will be required. Plan checks shall include the following:**

**Plan Check Fee (if applicable)**  **Plans**  **Equipment Cut Sheets**

**Plans and equipment MUST be approved by Environmental Health prior to beginning any construction**

**2. Change of Ownership** or type of operation of a food facility requires a new application, a one-time administrative fee of **\$80.00** (per BOS resolution 24-063), and determination by a health inspector that the facility meets current code requirements prior to a new permit being issued. **Proof of ownership is required.**

**Food Certification Requirements:**

Per Article 2, Section 113947(a) of the California Retail Food Code (Cal Code), each food facility shall have an owner or employee on staff who has successfully passed an approved and accredited food safety certification examination.

No person who is employed at a food facility as the certified food handler may serve at any other food facility as their certified food handler. The certified owner or employee need not be present at the food facility for which they are certified during all hours of operation, but must be available during their regularly scheduled work hours at the facility.

Per section 113947.3(a), **certified individuals shall be Re-Certified every 5 years** by passing an approved and accredited food safety examination.

**Please check ONE category below which best describes your facility's type of operations:**

- Restaurant over 650 Sq Ft or Large Facility
- Restaurant under 650 Sq Ft or Medium Facility
- Restaurant & Bar under 650 Sq Ft
- Restaurant & Bar over 650 Sq Ft
- Seasonal Restaurant (6 Months or Less per Year)
- Bar
- Mobile Food Facility – Category A – Prepackaged Only
- Mobile Food Facility – Category B – Limited Food Preparation
- Mobile Food Facility – Category C – High Risk Food Preparation
- Catering Kitchen
- Catering in a Permitted Kitchen
- Small Retail Market under 2,000 Sq Ft
- Medium Retail Market = 2,000 - 10,000 Sq Ft
- Large Retail Market > 10,000 Sq Ft
- Medium Retail Mark with Units
- Large Retail Market with Units
- Certified Farmers Market
- Organized Camp
- Produce Stand or Truck
- Vending Machines (1-10)
- Vending Machines (11 or More)
- Bakery
- Bakery with Units
- Three or More Events – Potentially Hazardous
- Three or More Events – Non-Hazardous
- Bed and Breakfast
- Three or More Events - Non-Hazardous – Prepackaged Only
- Continental Breakfast Only
- School Kitchen
- Low Risk Minimal – Limited Food Preparation
- Satellite School Kitchen

**Please check here if you are also a Fee-Exempt Veteran (attach a readable copy of DD214)**

**With your submittal of this application, please include (if applicable):**

- Permit to Operate Fee     Floor Plan     Equipment Cut Sheets     Plan Check Fee

**In applying for this permit:**

**The applicant agrees to allow inspections by the health inspector in order to ascertain compliance with food laws.**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

BELOW IS FOR OFFICE USE ONLY

Approved By: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ FD: \_\_\_\_\_

Date Rec'd: _____
Rec'd By: _____
Payment #: _____
Amount Rec'd: _____

Please visit our website at [mendocinocounty.gov/eh](http://mendocinocounty.gov/eh) for helpful information, forms, and our fee schedule. Payments can be made by mail, in person, or on our website by clicking on the Payment button.