



# County of El Dorado Environmental Management Department

2850 Fairlane Court, Bldg. C  
Placerville, CA 95667  
Phone (530) 621-5300 Fax (530) 642-1531

924 B Emerald Bay Road  
South Lake Tahoe, CA 96150  
Phone (530) 573-3450 Fax (530) 542-3364

## FOOD FACILITY PERMIT APPLICATION

NEW FACILITY     CHANGE OF OWNERSHIP     EXISTING FACILITY - REMODEL     OTHER \_\_\_\_\_

DATE OF OPENING: \_\_\_\_\_

TYPE OF FACILITY: (restaurant, bar, winery, etc.) \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

PHYSICAL ADDRESS OF FACILITY : \_\_\_\_\_

FACILITY MAILING ADDRESS (if different than physical address) \_\_\_\_\_

FACILITY TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

SQUARE FOOTAGE: \_\_\_\_\_ WATER SUPPLY: \_\_\_\_\_ SEWAGE DISPOSAL: \_\_\_\_\_

WHERE WOULD YOU LIKE ALL CORRESPONDENCE TO BE MAILED FOR THE FACILITY?:  FACILITY MAILING ADDRESS     OWNER MAILING ADDRESS

OWNER'S NAME: \_\_\_\_\_

OWNER'S MAILING ADDRESS: (do not list facility address) \_\_\_\_\_

TYPE OF OWNERSHIP:     INDIVIDUAL     PARTNERSHIP     CORPORATION

OWNER'S EMAIL: \_\_\_\_\_ OWNER'S PHONE NUMBER: \_\_\_\_\_

NAME OF FOOD MANAGER: \_\_\_\_\_ FOOD CERTIFICATION: \_\_\_\_\_

**I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING COMPLIANCE WITH THE CALIFORNIA RETAIL FOOD CODE:**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
TAX ID

### ***FOR OFFICE USE ONLY BELOW THIS LINE***

FACILITY # \_\_\_\_\_ INVOICE # \_\_\_\_\_ DATE REC'D \_\_\_\_\_

R.E.H.S. \_\_\_\_\_ ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_

BUSINESS LICENSE VERIFIED