

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  
ehd.co.shasta.ca.us

APPLICATION FOR PERMIT TO OPERATE A FOOD FACILITY

Name of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ email \_\_\_\_\_

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

Mailing Address (if different than street address) \_\_\_\_\_

FOOD SAFETY CERTIFICATION INFORMATION

Testing Company/Test Type \_\_\_\_\_ Certificate Issue Date \_\_\_\_\_

Name (as printed on certificate) \_\_\_\_\_ Certificate # (if available) \_\_\_\_\_

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)

\_\_\_\_\_  
Please check here if there has been **no change** in this operation since the previous application, **(including ownership)**. 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 \_\_\_\_\_

Email \_\_\_\_\_

Manager (if not owner) \_\_\_\_\_ Phone \_\_\_\_\_

Owner of building \_\_\_\_\_

Address of building owner \_\_\_\_\_

Establishment Type \_\_\_\_\_ Square Footage \_\_\_\_\_

Utensils Used: Multi-use \_\_\_\_\_ 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: Public Sewer \_\_\_\_\_ Onsite septic tank and leach field \_\_\_\_\_

Date Received \_\_\_\_\_ By \_\_\_\_\_

Amount \_\_\_\_\_

Renewal \_\_\_\_\_

New \_\_\_\_\_ Date \_\_\_\_\_

Owner change \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_