

**BUTTE COUNTY PUBLIC HEALTH
Division of Environmental Health**

202 Mira Loma Drive
Oroville, CA 95965
(530) 552-3880
FAX (530) 538-5339

**APPLICATION FOR PERMIT TO OPERATE A
FOOD FACILITY**

[] Renewal [] Seasonal [] New Owner [] New Facility
[] Facility in Escrow → Anticipated Closing Date: _____

Name of Facility Previous Facility Name

Street Address City, State, Zip

Mailing Address City, State, Zip

(_____) _____
Telephone Email Address

No. of Employees Per Shift: _____ Days Open: S M T W Th F S Hours Open: _____

(_____) _____
Business Owner Name(s) Telephone

Address of Owner City, State, Zip

Business Type

Seating Capacity: 0-49 [] 50-149 [] 150+ []

Building Square Footage: Under 1,000 sq. ft. [] 1,000 - 5,999 sq. ft. [] 6,000+ sq. ft. []

I declare that, to the best of my knowledge and belief, the above statements are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this Permit and the operation of this business.

201 _____

WATER SUPPLY

Public Private

System Name or Source _____

TOTAL FEES: \$ _____

Signature _____ **Date** _____

DEPARTMENTAL USE

Receipt # _____ Check # _____ Date _____ Received By _____

Permit Issued _____ By _____ Posted _____

OK to Permit _____, R.E.H.S. Date _____