

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

202 Mira Loma Drive  
Oroville, CA 95965  
(530) 538-7281 or (530) 891-2727  
FAX (530) 538-5339

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

Renewal       Seasonal       New Owner       New Establishment  
 Facility in Escrow → Anticipated Closing Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Establishment      Previously Known As

\_\_\_\_\_  
Street Address      City, State, Zip

\_\_\_\_\_  
Mailing Address      City, State, Zip

(\_\_\_\_\_) \_\_\_\_\_  
Telephone      Emergency Telephone

No. of Employees Per Shift \_\_\_\_\_ Days Opened S M T W Th F S Hours Opened \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Owner Name/s of Business      Telephone

\_\_\_\_\_  
Address of Owner      City, State, Zip

\_\_\_\_\_  
Business Type      Vehicle or Mobile Prep Unit License Number

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

Building Square Footage:    Under 1,000 sq. ft. [  ]    1,000 - 2,999 sq. ft. [  ]    3,000+ 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.

**200** \_\_\_\_\_

**WATER SUPPLY**

Public     Private

System Name or Source \_\_\_\_\_

**TOTAL FEES: \$** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENTAL USE**

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Computer # \_\_\_\_\_

Permit Issued \_\_\_\_\_ By \_\_\_\_\_ Posted \_\_\_\_\_

OK to Permit \_\_\_\_\_, R.E.H.S. Date \_\_\_\_\_