

**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 - 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 _____ Computer # _____

Permit Issued _____ By _____ Posted _____

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