



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

New Facility New Owner Name Change Renewal Seasonal

Facility in Escrow → Anticipated Closing Date: _____

Name of Facility

Previously Known As

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.

20_____

WATER SUPPLY

Public Private

System Name or Source _____

TOTAL FEES: \$ _____

Signature _____ **Date** _____

DEPARTMENT USE ONLY

Receipt # _____ Check# _____ Date _____

OK to permit _____, REHS Date _____