

**County of San Diego Department of Environmental Health
APPLICATION FOR PUBLIC HEALTH PERMIT**



SAN DIEGO OFFICE
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SAN DIEGO, CA 92123
(858) 505-6900

SAN MARCOS OFFICE
151 E. CARMEL ST.
SAN MARCOS, CA 92078
(760) 471-0730

MAILING ADDRESS
P.O. BOX 129261
SAN DIEGO, CA 92112-9261



-FOR OFFICE USE ONLY - New Permit #	Previous Permit # Or Plan Check #:	Permit Type	Units	Decal Number	Processing Clerk

(Please print clearly, using **BLUE** or **BLACK** ink ONLY) / (Por favor escribir legible con tinta **NEGRA** o **AZUL**)

REASON FOR APPLICATION (Check one) / <i>Razón de uso (marque uno):</i> <input type="checkbox"/> New / <i>Nuevo</i> <input type="checkbox"/> Change of Owner / <i>Cambio de Dueño</i> <input type="checkbox"/> Update Records / <i>Actualizar los registros</i>		ASSUMED BUSINESS DATE / <i>Fecha de Inicio:</i> Month/ <i>Mes:</i> Day/ <i>Día:</i> Year/ <i>Año:</i>	
BUSINESS NAME (DBA) / <i>Nombre del establecimiento:</i>		Owner Email / <i>Dirección de correo electrónico del dueño:</i>	
BUSINESS PHONE # / <i>Teléfono del negocio:</i> ()		Business Email / <i>Dirección de correo electrónico del negocio:</i>	
BUSINESS FAX # / <i>Número de fax:</i> ()		24 HR. Emergency Contact / <i>Contacto de emergencia</i> Name / Nombre: _____ Phone # / Teléfono: ()	
OWNER (Corp., LLC or Sole Owner) / <i>Dueño:</i>			
Type of Ownership / <i>Tipo de organización:</i> <input type="checkbox"/> SOLE OWNER/ <i>Dueño Unico</i> <input type="checkbox"/> PARTNERSHIP/ <i>Sociedad</i> <input type="checkbox"/> CORPORATION/ <i>Corporación</i> <input type="checkbox"/> NON-PROFIT (Check if claiming nonprofit status under Section 501(c) of the Internal Revenue Code. Submit proof with application).			
LIST PARTNERS OR OFFICERS (attach separate sheet if necessary) / <i>Incluya lista de Socios:</i>			
BUSINESS ADDRESS / <i>Dirección del establecimiento:</i> Street # / <i>Número de la calle:</i> Street Name & Suite # / <i>Nombre de la calle:</i> City / <i>Ciudad:</i> Zip Code / <i>Código postal:</i>			
MAILING ADDRESS / <i>Dirección de correspondencia:</i> Street # / <i>Número de la calle:</i> Street Name & Suite # / <i>Nombre de la calle:</i> City / <i>Ciudad:</i> Zip Code / <i>Código postal:</i>			
TYPE OF BUSINESS / <i>Tipo de establecimiento:</i>		FOOD ESTABLISHMENTS ONLY / <i>Establecimientos de alimento:</i>	
ASSESSOR'S PARCEL #: _____ - _____ - _____		Nº OF EMPLOYEES / <i>Numero de empleados:</i>	

FOOD PERMIT ONLY COMPLETE THE SECTION BELOW:

VENDING ONLY / <i>Maquinas de venta de alimentos:</i> Nº OF VENDING MACHINES / <i>Numero de maquinas:</i> _____	Nº OF KITCHENS: (i.e.: Deli, Bakery, etc.): _____
MOBILE FOOD ONLY: Attach a copy of the DMV Registration / Unidades Móviles: Adherir copia del Registración del DMV Vehicle License # / <i>Numero De Placas:</i> _____ Vehicle VIN # / <i>Numero de identificación vehicular:</i> _____	
Will the mobile unit be operating at one location at all times?: <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please provide a list of locations) Estará la unidad móvil trabajando en una sola ubicación?: <input type="checkbox"/> Si <input type="checkbox"/> No (Si No, por favor incluya una lista de las ubicaciones)	INDICATE Nº OF MOBILE UNITS (In addition to the sink cart/Mobile Support Unit): _____ Numero de Unidades Móviles (Aparte del sink móvil): _____

HOUSING OR POOL PERMIT ONLY COMPLETE THE SECTION BELOW:

HOUSING PERMIT ONLY / INDICATE Nº OF HOUSING UNITS / <i>Indique unidades de vivienda:</i> _____	
POOL PERMIT ONLY / (Bodies of Water): Nº of Pool(s): _____ Nº Spa(s): _____ Nº of Wader(s): _____ Nº of Spray Ground(s) / Other: _____	
(FOR POOLS ONLY) RESPONSIBLE PERSON (Name and address):	Phone #: () EMAIL:
NAME OF MANAGEMENT COMPANY & PRIMARY CONTACT:	
Street #: Street Name & Suite #: City : Zip Code:	Phone #: () EMAIL:

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are correct and true. I hereby consent to all necessary fees and inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I further understand that if I am an honorably discharged veteran, I may be entitled to a fee exemption.

Authorized Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____