



HEALTH PERMIT APPLICATION

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE

FACILITY INFORMATION

First Date of Operation:	Former Facility Name (if applicable):		
Facility Name:			
Care Of:	Email:		
Address:	City:	State:	Zip:
Phone Number:	Alternate Phone Number:	Fax Number:	

LEGAL OWNER INFORMATION

Owner of Facility:	Phone Number:		
Address:	City:	State:	Zip:

INVOICE INFORMATION

Care Of:			
Address:	City:	State:	Zip:

**ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION.
 MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY**

Application and fees must be submitted prior to operation by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

I shall notify this agency in writing if I transfer ownership, discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.

I AM HEREBY APPLYING FOR HEALTH SERVICES AND PERMIT to establish and/or operate the business mentioned above, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and San Bernardino County pertaining to said business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

Initials I understand that any construction, alteration or repair, including but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires Environmental Health Services (EHS) review and approval.

<input type="checkbox"/> Electronic Signature Only: By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.	Date:
---	-------

Signature:

Print Name:	Title:
-------------	--------

For Office Use Only

Fee:	FA Number:	Record ID:	Program Identifier:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:	FDA Category:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate	Service Request:		1383 Tier Status:	Plan Checker Initials:

FOOD FACILITIES	Seating Capacity:		Number of Soft Serve/Yogurt Machines:			
	Square Footage:		Number of Vending Machine Units:			
Number of Limited Health Care Beds:		<input type="checkbox"/> Catering Host Facility <input type="checkbox"/> Food Bank <input type="checkbox"/> Food Pantry				
MOBILE FOOD FACILITIES (MFF) / SIDEWALK VENDING	Carts / Compact Mobile Food Operations (CMFOs)	Low Risk		Medium Risk	High Risk	
		<input type="checkbox"/> Prepackaged* Non-Potentially Hazardous Food (PHF) (Greater than 25 square feet)	<input type="checkbox"/> Prepackaged* Potentially Hazardous Food (PHF)	<input type="checkbox"/> Limited Food Preparation (hot/cold holding, dispensing, portioning, slicing/chopping)	<input type="checkbox"/> Limited Food Preparation (with raw meat, raw poultry or raw fish)	
	Describe the operation:					
	Vehicles / Trailers	<input type="checkbox"/> Prepackaged Frozen or Non-Potentially Hazardous Food (PHF)		<input type="checkbox"/> Prepackaged PHF or Prepared Non-PHF	<input type="checkbox"/> Food Preparation	
		Describe the operation:				
		Do you operate in an unincorporated County area? <input type="checkbox"/> Yes <input type="checkbox"/> No Mobile Food Facilities operating in unincorporated County areas may be required to obtain a Business License from the Clerk of the Board.				
List the following information below.						
Driver License Number:		License Plate Number:	VIN Number:	Make:	Year:	Decal Number:
Commissary Information: <input type="checkbox"/> Form A (Inside San Bernardino County) <input type="checkbox"/> Form B (Outside San Bernardino County)						
RECREATIONAL HEALTH	NUMBER OF		DETAILS			
	Pools:		Program Identifier (i.e. pool at office)			
	Spas:		Capacity (gallons)			
	Wading pools:		Max Flow Rate/Gallons Per Minute (GPM)			
	Water Slides:		Surface Area (ft. ²)			
	Swim Beaches:		Max Occupancy (persons)			
	Splash Pads:					
HOUSING	Number of Units:		Camp Capacity (Campers and Staff):			
	NOTE: MULTI-FAMILY DWELLINGS IN THE UNINCORPORATED COUNTY AREAS HAVE BEEN PROVIDED INFORMATION TO OBTAIN A COUNTY BUSINESS LICENSE.					
VECTOR	Number of Birds:		Number of Horses:			
	Number of Connections:		Number of Sources:		Type of System: <i>Click here to determine your type of water system</i>	
WATER			<input type="checkbox"/> Community Water System (CWS) <input type="checkbox"/> Non-Transient Non-Community Water System (NTNCWS) <input type="checkbox"/> Transient Non-Community Water System (TNCWS) <input type="checkbox"/> State Small Water System (SSWS)			
	License Number:		Make:		Year:	Decal Number:
WASTE HAULERS	Total Vehicle Count:					(Use a separate sheet of paper if necessary)
	Type of Facility:		Activities (Select all that apply):			
BODY ART	<input type="checkbox"/> Permanent		<input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Permanent Cosmetics <input type="checkbox"/> Branding			
	<input type="checkbox"/> Mobile					
MEDICAL WASTE	<input type="checkbox"/> Small Quantity Generator (less than 200 lbs. of medical waste generated per month without onsite treatment)					
	<input type="checkbox"/> Small Quantity Generator (less than 200 lbs. of medical waste generated per month with onsite treatment)					
	<input type="checkbox"/> Large Quantity Generator (more than 200 lbs. of medical waste generated per month)					
	<input type="checkbox"/> Common Storage Facility (storage area shared by more than one Small Quantity Generator)					