



# COUNTY OF YOLO

## Department of Community Services

**Environmental Health Division**  
292 W. Beamer Street, Woodland, CA 95695  
Phone: 530-666-8646 | Email: [health@yolocounty.org](mailto:health@yolocounty.org)

### Check Use

- New Permit
- Transfer of Ownership
- Change in Billing Info
- Change in Owner Info
- New Commissary Loc.
- Name Change Only

## PERMIT APPLICATION FOR FOOD SERVICE ESTABLISHMENT

**NAME OF BUSINESS:** \_\_\_\_\_  
Site/Commissary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile Food Truck License Plate # (if applicable): \_\_\_\_\_

**OWNER / COMPANY NAME:** \_\_\_\_\_  
Ownership Status Of Above: [ ] Sole Proprietor [ ] Partnership [ ] Corporation [ ] LLC  
Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BILLING INFORMATION:**  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
STE/Apt: \_\_\_\_\_ Attn: \_\_\_\_\_ Billing Phone #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

### PERMIT TYPE:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Restaurant under 650 Sq Ft | <input type="checkbox"/> Labor Camp / Seasonal Food       | <input type="checkbox"/> Catering – Single Event Date: _____       |
| <input type="checkbox"/> Restaurant over 650 Sq Ft  | <input type="checkbox"/> Farm Stand Whole Produce         | <input type="checkbox"/> Compact Mobile Food Operation High Risk   |
| <input type="checkbox"/> Restaurant/Bar Combination | <input type="checkbox"/> Farmers Market or Roadside       | <input type="checkbox"/> Compact Mobile Food Operation Low Risk    |
| <input type="checkbox"/> Prepackaged Food Only      | <input type="checkbox"/> Minor Food Sales                 | <input type="checkbox"/> Mobile Food Facility (Full Food Prep)     |
| <input type="checkbox"/> Market w/1 food prep       | <input type="checkbox"/> Secondary Food Operation         | <input type="checkbox"/> Mobile Food Facility Reciprocity          |
| <input type="checkbox"/> Market w/2 food prep       | <input type="checkbox"/> Satellite Food Distribution      | <input type="checkbox"/> Restricted Food Service (Bed & Breakfast) |
| <input type="checkbox"/> Market w/3+ food prep      | <input type="checkbox"/> Bakery                           | <input type="checkbox"/> Limited-Service Charitable Feed Operation |
| <input type="checkbox"/> Catering – Year Permit     | <input type="checkbox"/> Cottage Food Operation (Class A) | <input type="checkbox"/> Vending Machines (each location)          |
| <input type="checkbox"/> Catering at Host Facility  | <input type="checkbox"/> Cottage Food Operation (Class B) | <input type="checkbox"/> Institutional Food Service Facility       |
| <input type="checkbox"/> Host Facility              | <input type="checkbox"/> Pre-packaged Food Cart >25 sq ft | <input type="checkbox"/> Commissary, Comm Hall, Social Club        |

The undersigned, as Manager and/or Owner, hereby submits this application to operate a food establishment in compliance with California Health & Safety Code, Chapter 4, Article 3 Section 113920.

**I understand this permit is NON-REFUNDABLE and NON-TRANSFERABLE to a new owner or a new location.**

**Applicant's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY

Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ PE: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Check #/CC: \_\_\_\_\_ FA #: \_\_\_\_\_ Assigned to: \_\_\_\_\_ Approved Date: \_\_\_\_\_