



**CONTRA COSTA**  
**ENVIRONMENTAL HEALTH DIVISION**  
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 www.cchealth.org/eh/



## FACILITY EVALUATION APPLICATION FOOD FACILITY AND PUBLIC POOLS

**(FIRST STEP IN POSSIBLE CHANGE OF PERMIT HOLDER - COMPLETE SECTIONS 1 THROUGH 4)**  
 APPLICATION FEE IS DUE AND NON-REFUNDABLE (SERVICE FEES AND PERMIT FEES ARE ADDITIONAL, REFER TO FEE SCHEDULE)

### SECTION 1: Type of Facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Restaurant _____ # seats                        | <input type="checkbox"/> Commissary – Vehicle/Carts          | <input type="checkbox"/> Pool / Spa                               |
| <input type="checkbox"/> Retail Food Market _____ # sq. ft.              | <input type="checkbox"/> Intermittent Snack Bar              | <input type="checkbox"/> Additional Pool / Spa # _____            |
| <input type="checkbox"/> Charitable Feeding                              | <input type="checkbox"/> Production Kitchen (Restaurant)     | <input type="checkbox"/> Recreational Water Park                  |
| <input type="checkbox"/> Registered Exempt Retail Market _____ # sq. ft. | <input type="checkbox"/> Production Kitchen (Non-Restaurant) | <input type="checkbox"/> Spray Grounds                            |
| <input type="checkbox"/> Incidental Retail Food Market _____ # sq. ft.   | <input type="checkbox"/> Farm Stand                          | <input type="checkbox"/> Recreational Water Park                  |
| <input type="checkbox"/> Bakery _____ # sq. ft.                          | <input type="checkbox"/> School Cafeteria                    | <input type="checkbox"/> Skilled Nursing Facility _____ # beds    |
| <input type="checkbox"/> Food Demonstrator                               | <input type="checkbox"/> School Satellite                    | <input type="checkbox"/> Host Facility                            |
| <input type="checkbox"/> Cocktail Lounge/Bar                             | <input type="checkbox"/> Seasonal Fixed Facility             | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Vending Machine                                 |  | <input type="checkbox"/> Site Evaluation (No change of ownership) |

### SECTION 2: Contact Information

#### A. Facility:

PROSPECTIVE FACILITY (BUSINESS) NAME / DBA:		
FACILITY ADDRESS:		
CITY/STATE/ZIP CODE:	PHONE #:	FAX #:
CURRENT FACILITY (BUSINESS) NAME / DBA:		

#### B. New Permit Holder:

PROSPECTIVE PERMIT HOLDER'S NAME:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Co-Owners <input type="checkbox"/> INC <input type="checkbox"/> LLC <input type="checkbox"/> LP (Please provide identification or documentation)
MAILING ADDRESS: (MUST BE DIFFERENT FROM FACILITY ADDRESS)	
CITY/STATE/ZIP CODE:	PHONE #:      FAX #:
EMAIL:	
CONTACT FOR INSPECTION:	PHONE #: (IF DIFFERENT FROM ABOVE)

### SECTION 3: Attachments Required with Application

Menu (if food facility)    Facility Risk Category Questionnaire (if a food facility)    Plan Review vs Food Facility Questionnaire    Copy of Valid Identification

### SECTION 4: Terms/Signature

The undersigned hereby certifies all the information provided on this application is true and accurate.

**PERMITS ARE NOT TRANSFERABLE**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name please print): \_\_\_\_\_

#### FOR OFFICE USE ONLY

FA#:	PR#:	AR#:	SR#:	P/E:	REHS:	SUPERVISOR:	RECEIVED BY:	DATE RECEIVED:
AMOUNT DUE: \$		AMOUNT PAID: \$		CHECK #:	CREDIT CARD: <input type="checkbox"/>	CASH <input type="checkbox"/>	RECEIPT #: XR	