



PERMIT APPLICATION & CERTIFICATION STATEMENT

DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION
1555 Berger Dr., Suite 300
San Jose, CA 95112-2716
Phone (408) 918-3400 • FAX (408) 258-5891
Website: www.ehinfo.org/cpd
Email: dehweb@deh.sccgov.org

Owner Information:

Owner Name: _____
(Corporation, LLC Name or First and Last Name of Primary Owner)

Address: _____ Unit #: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Ext: _____ Email: _____

Has/Does the owner had/have a permit to operate a Facility in Santa Clara County? No Yes *(If Yes, please answer the following):*

Facility ID#: FA0 _____ Facility Name: _____

Facility Information:

Facility Name (dba): _____

Address: _____ Unit #: _____ City: _____ ST: CA Zip: _____

Phone: _____ Ext: _____ Email: _____

Emergency/Alternate Contact: _____ Phone: _____

Pool/Spa Access Contact: _____ Phone: _____

Please send Official/Billing Correspondence to:

Owner Other *(Please specify below):*
OR Name: _____ Care of: _____
 Facility Address: _____ Unit #: _____ City: _____ ST: _____ Zip: _____

This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct and true.

The undersigned hereby applies for a **Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes.** Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines and permit suspension/revocation proceedings. **NOTIFY** the Department of Environmental Health **of any change** in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. **PERMITS AND FEES ARE NOT TRANSFERABLE**

NOTE: Any information contained in this application is a matter of public record, and is available to the public under the California Public Records Act.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

FOR OFFICE USE ONLY:

Facility ID# FA0 _____ (Add New) New Owner ID# OW0 _____ (Add New)

Food Safety Certification Required? Yes No City Code: Stanford (19) Unincorporated Area (16)

Business Code: _____

Facility Evaluation Date: _____ General Program ID# PR0 _____ (Add New) Designated Employee ID: _____

P/E: _____ Status: 01 (Active Billable) 04 (Active Exempt) Current Permit Valid from _____ to _____
MM / DD / YY MM / DD / YY

General Permit ID# PT0 _____ (Add New) Permit Status: _____ 21 _____ Permit Type: P PE PV

Permit Conditions and Descriptions: [Supervisor Initials _____] Add Modify Delete Conditions:

Approved by: _____ Date: _____ Bill customer Payment Received Ck#: _____
(Specialist)

Supervisor: _____ Date: _____ Date e/Mailed: _____ \$: _____

Support Staff: _____ Entered Date: _____ New AR#: _____ Invoice #: _____

FOR OFFICE USE ONLY:

Business Code: 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-State Agency, 07-Federal Agency

Permit Type: P-Permanent, PE-Permanent Exempt, PV-Permanent Veteran