



# 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](http://www.ehinfo.org/cpd)  
Email: [dehweb@cep.sccgov.org](mailto:dehweb@cep.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: \_\_\_\_\_

Change of Ownership Date: \_\_\_\_\_ General Program ID# PR0 \_\_\_\_\_ ( Add New) Designated Employee ID: \_\_\_\_\_

P/E: \_\_\_\_\_ Status:  01 (Active Billable)  04 (Active Exempt) Current Permit Valid from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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 Rcv'd 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