



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

(888) 722-4234 • rivcoeh.org

Department of Environmental Health
P.O. Box 7909
Riverside, CA 92513-7909

District # \_\_\_\_\_
PR# \_\_\_\_\_
PE# \_\_\_\_\_
SR# \_\_\_\_\_
EHS \_\_\_\_\_

OCR# \_\_\_\_\_

APPLICATION TO OPERATE A FOOD FACILITY
Riverside County Code 4.52 and the California Health and Safety Code

THIS APPLICATION IS FOR: [ ] NEW OPERATION [ ] RE-OPENING A CLOSED FACILITY
[ ] ANNUAL RENEWAL [ ] CHANGE OF OWNERSHIP

NAME OF OWNER: \_\_\_\_\_ DBA: \_\_\_\_\_

ADDRESS OF DBA: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS NAME OF ESTABLISHMENT AT THIS LOCATION (IF ANY): \_\_\_\_\_

DATE YOU PLAN TO OPEN: \_\_\_\_\_ DID YOU OPERATE THIS BUSINESS LAST YEAR? \_\_\_\_\_

FOOD FACILITY PERMITS:

Table with columns: FOOD FACILITY TYPE, COST (1-2,000 sq.ft., 2,001-5,999 sq.ft., 6,000 or more sq.ft.), and various permit categories like RESTAURANT, BAR, 100% PRE-PACKAGED, etc.

Limited and extensive food preparation categories will be determined by this Department. Please be advised that Food Handler Certificates are required for all employees of food facilities located in Riverside County.

AN ENVIRONMENTAL HEALTH PERMIT APPROVED BY A REPRESENTATIVE OF THIS DEPARTMENT IS REQUIRED BEFORE OPENING A NEW OR CLOSED FOOD FACILITY. YOU ARE NOT AUTHORIZED TO OPERATE UNTIL ALL APPROVALS HAVE BEEN OBTAINED. IN THE EVENT THE PERMIT IS NOT APPLIED FOR OR IS NOT RENEWED WITHIN THIRTY (30) DAYS OF THE DATE OF THE OPENING OF THE FOOD FACILITY OR THE EXPIRATION DATE OF THE PERMIT, A PENALTY FEE OF 20% WILL BE ADDED TO THE PRICE OF THE PERMIT. IF THE PERMIT IS NOT APPLIED FOR OR NOT RENEWED WITHIN SIXTY (60) DAYS OF THE DATE OF OPENING OR THE EXPIRATION DATE OF THE CURRENT PERMIT, A PENALTY FEE OF 100% WILL BE ADDED TO THE PRICE OF THE PERMIT. PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.

I HEREBY APPLY FOR A RECEIPT/PERMIT, WITH APPROPRIATE FEES INCLUDED, TO OPERATE THE ABOVE FOOD FACILITY IN THE COUNTY OF RIVERSIDE.

DATE: \_\_\_\_\_ OWNER/OPERATOR: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DRIVERS LICENSE# EXP. DATE/DOB \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

COUNTY NOTES: