

OCR#

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

	APPLICATION TO O	PERATE A FOOD F	ACILITY	Fier 1/Tier 2
Riversid	e County Code 4.52 and	d the California Healtl	n and Safety Code	
THIS APPLICATION IS FOR:	[] NEW OPERATIO [] ANNUAL RENEW	N [] RE-OPENI VAL [] CHANGE		LITY
NAME OF OWNER:				
FACILITY NAME:				
SITE ADDRESS:		CITY:	STATE:	ZIP:
BILLING ADDRESS:		CITY:	STATE:	ZIP:
PREVIOUS NAME OF ESTABLE	SHMENT AT THIS LOCA	TION (IF ANY):		
DATE YOU PLAN TO OPEN:	DID	YOU OPERATE THIS E	BUSINESS LAST YEA	AR?
FOOD FACILITY PERMITS: FOOD FACILITY TYPE FOOD MARKET RESTAURANT BAR 100% PRE-PACKAGED	\$763 \$763	\$1,150 \$1,045	\$1,536 \$1,455	more sq.ft.
□ 100% PRE-PACKAGED NON PHF □ ADDITIONAL FOOD OPERATIONS □ PRODUCE STAND	BAR BAR BBAR BBAR BBAR BBAR BBAR BBAR BBAR BAR BAR .	-# OF ROOMS)	(# MACHINES D FOOD PREPARATION FOOD PREPARATION Food Handler Certificates are a guired before OPENING	\$212\$291\$649\$156\$397\$132) X \$78 EACH = \$\$522\$545\$940 required for all employees of
FACILITY. YOU ARE NOT AUTHORIZED NOT RENEWED WITHIN THIRTY (30) DAY FEE OF 20% WILL BE ADDED TO THE PROF OPENING OR THE EXPIRATION DATE NOT REFUNDABLE OR TRANSFERABLE.	'S OF THE DATE OF THE OPENIN ICE OF THE PERMIT. IF THE PER	IG OF THE FOOD FACILITY OR MIT IS NOT APPLIED FOR OR N	THE EXPIRATION DATE ON THE EXPIRATION DATE OF THE STATE O	F THE PERMIT, A PENALTY TY (60) DAYS OF THE DATE
I HEREBY APPLY FOR A RECEIPT/PERMI	•	,		
DATE: OWNE	R/OPERATOR:	SIGNATURE	DRIVE	RS LICENSE#/ FXP_DATE/DOB
FACILITY TELEPHONE:				
EMAIL ADDRESS:				
WEBSITE ADDRESS:				
		UNTY NOTES:		