County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

(888) 722-4234 • rivcoeh.org

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

OCR# _____

District # _____
PR# _____
PE# _____
SR# _____
EHS_____

APPLICATION / REGISTRATION 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: _____

FACILITY NAME: _____

SITE ADDRESS: _____ 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? _____

PERMIT TYPE: **COST**
[ ] CATERER...$527
[ ] COMMUNITY ARTISAN OPERATION (LIMITED FOODS FROM KITCHEN WITH APPROVED AGREEMENT LETTER) $260
[ ] COTTAGE FOOD OPERATION CLASS A..$186
[ ] COTTAGE FOOD OPERATION CLASS B..$374
[ ] HOST FACILITY $382
[ ] MICROENTERPRISE HOME KITCHEN $651

Additional documentation associated with the type of operation above is required prior to the issuance of a permit to operator. 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 REOPENING A CLOSED FOOD FACILITY/CFO. 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/CFO 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/COTTAGE FOOD OPERATION IN THE COUNTY OF RIVERSIDE.

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

FACILITY TELEPHONE: _____ OWNER TELEPHONE: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

COUNTY NOTES:
_____
_____
_____
_____