



County of Riverside

DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

District # _____

PR# _____

PE# _____

SR# _____

EHS _____

Department of Environmental Health

P.O. Box 7909

Riverside, CA 92513-7909

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 ANNUAL RENEWAL RE-OPENING A CLOSED FACILITY 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 Worker's 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.

I HEREBY APPLY FOR A RECEIPT/PERMIT, WITH APPROPRIATE FEES ATTACHED, TO OPERATE THE ABOVE FOOD FACILITY, SNACK BAR, BED & BREAKFAST, VENDING MACHINE, COMMISSARY, CATERING OPERATION, PRODUCE STAND, OR CHRISTMAS OPERATION IN THE COUNTY OF RIVERSIDE.

DATE: _____ OWNER/OPERATOR: _____

SIGNATURE

DRIVERS LICENSE# / EXP. DATE

BUSINESS TELEPHONE: _____ HOME TELEPHONE: _____

E-MAIL ADDRESS: _____

COUNTY NOTES:

For Our Office Locations Call Us at (888)722-4234 or Visit Our Website at www.rivcoeh.org