



Environmental Health ❖ 463 Aviation Blvd, CA 95403 ❖ 707-565-6565 ❖ [EH@sonoma-county.org](mailto:EH@sonoma-county.org)  
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

**RETAIL FOOD FACILITY PERMIT APPLICATION**

**APPLICANT:** Complete all areas below (please print or type), sign and date below, and submit to Environmental Health and Safety with the applicable fee.

NEW  CHANGE OF OWNERSHIP  FOR RECORDS ONLY  CORP  LLC  PARTNERSHIP  SOLE PROPRIETOR  OTHER \_\_\_\_\_

Business Name \_\_\_\_\_ Type of Food \_\_\_\_\_

Name on Sign at Facility Site \_\_\_\_\_ Phone \_\_\_\_\_

Site Address \_\_\_\_\_ Ste # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Owner Name (s) \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Ste # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Previous Name of Business at This Location (If Applicable) \_\_\_\_\_

Opening Date of New Owner: \_\_\_\_\_ Soft Serve  Yes  No

Ownership Change Date: \_\_\_\_\_ Permit Fee Due \$ \_\_\_\_\_

Square Footage of Facility Interior \_\_\_\_\_ Stormwater Fee Due \$ \_\_\_\_\_

Additional Plan Review Hrs. Due \_\_\_\_\_ Hrs. at \$ \_\_\_\_\_ per Hour Total Plan Review Fee Due \$ \_\_\_\_\_

**Total Fee Due \$ \_\_\_\_\_**

**PLEASE PROVIDE PAYMENT WITH THIS APPLICATION**

I (we) understand that a permit is issued upon inspection of the above-named food facility when it is in substantial compliance with applicable state law and county code. Fees are not prorated. The permit is valid for twelve months, or as otherwise noted on the permit, and shall be renewed annually by payment of fees determined by the Board of Supervisors.

Any permit that is not reinstated by the designated anniversary date, due to failure to submit permit fees, shall be deemed delinquent. Permits that continue to remain delinquent will be subject to late fees at intervals of thirty (30) days and sixty (60) days past the anniversary date. The amount assessed shall be included in the fee schedule approved by resolution of the Board of Supervisors with the annual budget. *County Code, Sec. 14-4(n).*

The permit may be suspended or revoked for good cause. The permit is not transferable upon change of ownership and is valid only for the location/facility/owner listed above.

I (We) agree to operate in compliance with all applicable statutes, orders, quarantines, rules or regulations prescribed by state law; a state officer or department; or the Public Health Officer for Sonoma County.

Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name/Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

PE \_\_\_\_\_ SW/PE \_\_\_\_\_ District \_\_\_\_\_ Issue Permit \_\_\_\_\_ Approved by \_\_\_\_\_

PR # \_\_\_\_\_ SW/PR # \_\_\_\_\_ APN \_\_\_\_\_ Entered by \_\_\_\_\_

Cash  Check/Credit Card Trans# \_\_\_\_\_ Date Rec'd \_\_\_\_\_ by \_\_\_\_\_ Amount Rec'd \$ \_\_\_\_\_