



COLUSA COUNTY ENVIRONMENTAL HEALTH DIVISION

146 7TH Street, Colusa, CA 95932

Telephone: (530) 458-0395 Fax: (530) 458-0397

APPLICATION FOR PERMIT TO OPERATE A FOOD FACILITY

Renewal New Owner New Establishment

Name of Facility _____ Previously Known As _____

Street Address _____ City, Zip Code _____

Mailing Address _____ City, State, Zip Coode _____

E-Mail Address _____ Telephone _____

Facility Operator _____ Name(s) to be on permit _____

Facility Type

Restaurant Retail Market Seating Capacity 1-50 50+ Square Footage < 2,000 2,000-4,000 4,000+

Caterer Coordinator (<3 day event) Temporary Food Facility (>3 days) Mobile Food Facility

Produce Vehicle/Stand/Flea Market Other _____

Days Open: Sun M T W Th F Sat Operating Hours _____

Water Supply: Public Private

Sewage Disposal: Public Private

Owner Contact Information (Provide Emergency Contact Info.)

Name _____ Address _____

E-Mail Address _____ Telephone _____

I declare that, to the best of my knowledge, the above information is correct and true. I hereby consent too all necessary inspections made pursuant to law and incidental to the issuance of a Facility Permit and the operation of this business.

Owner Signature _____ Date _____

OFFICE USE ONLY

RECEIPT # _____ CHECK/CASH _____ FACILITY # _____

PROGRAM CODE _____ DATE _____ CLERK _____