

# GLENN COUNTY

## Planning & Community Development Services Agency Environmental Health Department



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[www.countyofglenn.net](http://www.countyofglenn.net)

Mardy Thomas, Director

### FOOD FACILITY PERMIT APPLICATION

This form must be completely filled out and signed for a new food facility permit or change of ownership.

Name of Facility: \_\_\_\_\_

Food Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Facility Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Ownership Status of Above:  Sole Proprietor  Partnership  Corporation  LLC

Owner Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does the above owner(s) operate or own other food facilities in Glenn County?  YES  NO

Is this a change of ownership?  YES  NO Previous name of facility: \_\_\_\_\_

Was this location previously operated as a retail food facility?  YES  NO

Type of food establishment: Check the one that best describes the type of establishment you are operating:

<input type="checkbox"/> Small Restaurant (0-25 seats)	<input type="checkbox"/> Med. Restaurant (25-50 seats)	<input type="checkbox"/> Large Restaurant (over 50 seats)	<input type="checkbox"/> Caterer	<input type="checkbox"/> Bed & Breakfast/Ag. Homestay
<input type="checkbox"/> Small Market (under 1,000 ft <sup>2</sup> )	<input type="checkbox"/> Medium Market (1,000-4,000 ft <sup>2</sup> )	<input type="checkbox"/> Large Market (over 4,000 ft <sup>2</sup> )	<input type="checkbox"/> Packaged Food Only (under 1,000 ft <sup>2</sup> )	<input type="checkbox"/> Packaged Food Only (over 1,000 ft <sup>2</sup> )
<input type="checkbox"/> Incidental Foods (under 300 ft <sup>2</sup> display area)	<input type="checkbox"/> Produce Stand	<input type="checkbox"/> Flea Market/Swap Meet	<input type="checkbox"/> Cold Truck – Packaged Food Only	<input type="checkbox"/> Mobile Food Prep Unit (MFPU)
<input type="checkbox"/> MFF – Packaged Food Only	<input type="checkbox"/> School Cafeteria	<input type="checkbox"/> Commissary		

Facility Water Supply:  Public  Private

I declare that, to the best of my knowledge and belief, the above statements are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this Permit and the operation of this business.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Official Use Only

Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Rec'd by: \_\_\_\_\_