

Environmental Health Services

5957 S Mooney Blvd, Visalia, CA., 93277-9394 559 624-7400 • FAX 559 687-6941

HEALTH PERMIT APPLICATION

OWNER INFORMATION

Owner Name:	_ DBA (Corp,LLC):		
Home Address:	_ City:	State:	Zip:
Home Phone No:	Business Phone No:		
Mailing Address:	_ City:	State:	Zip
FACILITY INFORMATION			
Facility Name:	_Website:		
Facility Address:	City:	State:	Zip
Facility Phone No:	Alt Phone No:		
Billing/Permit Address:	City:	State:	Zip:
Care of:	E-mail		
TYPE OF FACILITY Note: Food Safety Certification is required if any food preparation is involved. Restaurant (# of seats)			
	ICE USE ONLY		
Payment: Cash/Check# Amount	Received By:	Dat	te:
Receipt: PE/Description:		Permit Exp	oiration
EHS Signature:	Emp. ID#	‡Date	e:
Comments:			

Health Permit Application REV 07/2017