



TULARE COUNTY

HEALTH & HUMAN SERVICES AGENCY

Environmental Health Services
5957 S Mooney Blvd, Visalia, CA., 93277-9394
559 624-7400 • FAX 559 733-6932

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) _____

Bed & Breakfast _____

Bakery (Sq. ft.) _____

Market/No Food Prep (Sq. ft.) _____

Market/With Food Prep (Sq. ft.) _____

Bar No Food: _____

*Caterer ___ Commissary (Sq. ft.) _____

Other: _____

**Mobile Food Vendors:

Bakery, Small Catering Truck _____

Snow Cones, Hotdogs, Churros _____

Large Catering Truck _____

Ice Cream _____

Attachments

*Caterers must attach Menu, Operating Procedures, Kitchen Agreement, and Food Safety Manager Certificate.

**Mobile Food Facilities must attach completed Toilet Form, and Commissary Form. Mobiles making food must provide a copy of the Food Safety Manager Certificate and food handler cards for employees.

OFFICE USE ONLY

Payment: Cash/Check# _____ Amount _____ Received By: _____ Date: _____

Receipt: _____ PE/Description: _____ Permit Expiration _____

EHS Signature: _____ Emp. ID# _____ Date: _____

Comments: _____