

ENVIRONMENTAL HEALTH DEPARTMENT

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APPLICATION FOR FOOD FACILITY

Check box(es) that best indicate reason for application

- New Food Facility
 Remodel of an Existing Facility
 New Ownership of an Existing Facility
 Update Information for Existing Facility

FACILITY	(Name)	(Phone)	(Fax)
		(Alt. Phone)	(Email)
(Street Address)		(City, State, Zip)	
(Mailing Address)		(City, State, Zip)	
OWNER	(Name)	(Phone)	(Fax)
		(Alt. Phone)	(Email)
(Street Address)		(City, State, Zip)	
(Mailing Address)		(City, State, Zip)	

MAIL INVOICES TO: Owner Facility

TYPE OF ESTABLISHMENT (Check all that apply)

<input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant with Bar <input type="checkbox"/> Seating on Premises Fill in # of seats _____	<input type="checkbox"/> Liquor/Convenience Store/Gas Station <input type="checkbox"/> Pre-prepackaged Foods Only <input type="checkbox"/> Food Prep If checked, how many food prep stations _____
<input type="checkbox"/> Food Establishment without seating List type of facility _____	<input type="checkbox"/> Retail Market Fill in square footage _____ <input type="checkbox"/> Food Prep If checked, how many food prep stations _____
<input type="checkbox"/> Bar only	<input type="checkbox"/> Mobile Food Facility <input type="checkbox"/> Food Prep <input type="checkbox"/> No Food Prep Commissary _____ _____
<input type="checkbox"/> Bakery Fill in square footage _____	
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Catering <input type="checkbox"/> On premises <input type="checkbox"/> Off premises (If checked list commissary) Commissary _____ _____
<input type="checkbox"/> School <input type="checkbox"/> Food Prep Kitchen <input type="checkbox"/> Satellite Kitchen	
<input type="checkbox"/> Other _____ _____ _____	

Project Contact Information

(If different than owner)

(Name & Relationship to Project)	(E-Mail)	
(Address)	(City, State, Zip)	
(Phone)	(Alt. phone)	(Fax)

SAFE FOOD HANDLING CERTIFICATION

The State of California Retail Food Code states that food facilities that prepare, handle, or serve non-prepackaged potentially hazardous food, except temporary food facilities, shall have an owner or employee who has successfully passed an approved and accredited food safety certification examination.

Certified Personnel _____ **Date of Certification** _____

EMERGENCY NOTIFICATION

(Contact #1 – Name)	(Day Phone)	(Night Phone)
(Contact #2 – Name)	(Day Phone)	(Night Phone)

OWNER/AGENT'S SIGNATURE

DATE

Notes: _____

Plans submitted to other public agency for water and/or sewer.

(Name of Agency)	(Signature of Agency Representative)
(Name of Agency)	(Signature of Agency Representative)

FOR OFFICE USE ONLY

(Application /Plans Received By)	(Received Date)
(Amount Plan Review Fee)	(Fee Paid Date)
(Plans Approved By)	(Approval Date)
(Facility ID)	(Owner ID)

Environmental Health comments: _____
