



DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36

RED BLUFF, CA 96080

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Tia Branton, REHS
Director

Timothy Peters
Health Officer

APPLICATION FOR PERMIT TO OPERATE

A PERMIT AND LICENSE MUST BE OBTAINED PRIOR TO BEGINNING OPERATIONS

-BUSINESS INFORMATION-

SITE NAME:	TYPE OF FACILITY:
ADDRESS:	PHONE#:
CITY/ST/ZIP:	EMAIL:
BILLING NAME:	SQ. FT:
BILLING ADDRESS:	
CITY/ST/ZIP:	APN#:

-OWNER INFORMATION-

NAME:	PHONE#:
ADDRESS:	
CITY/ST/ZIP:	

-BUILDING OWNER INFORMATION-

NAME:	PHONE#:
ADDRESS:	
CITY/STATE/ZIP CODE:	
WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE / SEWAGE DISPOSAL: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	

COMMENTS:

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO OPERATE AND AGREES TO OPERATE IN ACCORDANCE WITH ALL APPLICABLE STATE LAWS, REGULATION, COUNTY ORDINANCES AND SUCH INSPECTION PROCEDURES NEEDED TO ASSURE

SIGNATURE:	DATE:
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OFFICIAL USE ONLY

DATE:	RECEIVED BY:	RECPT: AMOUNT:	CK#:
APPROVED:	DATE:		