



DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36
RED BLUFF, CA 96080
Phone (530) 527-8020 Fax (530) 527-6617

Tia Branton REHS
Director

APPLICATION FOR PERMIT TO OPERATE			
A PERMIT AND LICENSE MUST BE OBTAINED PRIOR TO BEGINNING OPERATIONS			
<i>-BUSINESS INFORMATION-</i>			
SITE NAME:	TYPE OF FACILITY:		
ADDRESS:	PHONE#:		
CITY/ST/ZIP:	EMAIL:		
BILLING NAME:	SQ. FT:		
BILLING ADDRESS:			
CITY/ST/ZIP:	APN#:		
<i>-OWNER INFORMATION-</i>			
NAME:	PHONE#:		
ADDRESS:			
CITY/ST/ZIP:			
<i>-BUILDING OWNER INFORMATION-</i>			
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:		
OFFICIAL USE ONLY			
DATE:	RECEIVED BY:	RECPT: AMOUNT:	CK#:
APPROVED:		DATE:	