



Public Health Services
 Environmental Health Division
 1241 E. Dyer Road, Suite 120, Santa Ana, CA 92705
 Telephone: (714) 433-6000
 Fax: (714) 754-1768
 ehpermits@ochca.com
 website: www.ocfoodinfo.com

HEALTH PERMIT APPLICATION

FOOD FACILITY



This section is to be completed by the applicant, in full – Please print clearly – Do not detach copies – Health permits are NOT transferable and NOT refundable

TYPE	<input type="checkbox"/> New Facility (requires plan submittal) <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Update Information Only				
BUSINESS	Name of Business (DBA)			Business Phone	
	Business Address (include street directions and suite number, if applicable)			City	Zip
	Business E-Mail		Seating / Bed Capacity (Licensed Healthcare)		Square Footage
	Days of Operation: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>		Hours of Operation: _____ to _____ <input type="checkbox"/> 24 Hrs		First Date of Operation
OWNER	Type of Ownership (*attach Certificate of LP, LLP Registration, Articles of Incorporation or Organization) <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LP* <input type="checkbox"/> LLP* <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC*				
	Business Owner			Owner Phone	
	Owner's Address (must be different than Business Address and cannot be a P.O. Box)			City	State Zip
	Driver's License Number(s) (if Sole Proprietorship or Partnership; attach copy of ID)			Owner E-Mail	
	Emergency Contact			Emergency Phone	
BILLING	Billing Contact Name			Billing Contact Phone	
	Billing Mailing Address (include street directions and suite number, if applicable)			City	State Zip
TERMS	<p>I hereby make an application for a health permit to establish and/or operate the above business, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force pertaining to the above business and I certify that I am the owner or authorized representative of this establishment and that all statements are true to the best of my knowledge. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.</p> <p>I shall notify the Orange County Environmental Health Division (OCEH) in writing if I transfer ownership, discontinue operation, or have an address change. Failure to do so may result in obligation to pay health services fees and additional penalties. I understand that any construction, alteration or repair, including, but not limited to, equipment changes or alterations, a menu change, or change in method of operation requires review and approval by OCEH.</p> <p>The first annual health permit fee must be paid before plan construction final approval granted can be by this department, or for a change of ownership, within 7 business days of the date of conditional approval. Payment of your health permit fee does not constitute final plan check approval of your project. Failure to submit the completed application and payment of the annual health permit will impede issuance of the permit or may result in the closure of the facility pursuant to California Health and Safety Code and applicable ordinances and is subject to penalty not to exceed three times the cost of the permit. Upon approval of this application by a representative of OCEH, the operator copy of this application will serve as a temporary health permit. Permits are not transferable and not refundable. Payment may be made in person or by mail at 1241 E. Dyer Rd., Suite 120, Santa Ana, CA 92705, Monday – Friday, 8:00 a.m. – 4:00 p.m. Payment by mail can be made to the indicated address on the following page.</p>				
	Print Name			Title	
	Signature			Date	
	OFFICE USE ONLY				
FEE	Amount Owed (to be determined by Specialist on date of approval)			Payment Due By	
	Billing Type			Billing Status	
SPECIALIST	Specialist Name			Conditional Approval to Operate Date	
	Permit Name				
	FA	PR	Prior PR	SR/TK	
OFFICE	Prior Owner Contact ID		Prior AR	Date of Payment	Amount Received HSO / Receipt Number
	Owner Contact ID		AR	Anniversary Date	Application Verified By

Welcome to Orange County! Our goal at Environmental Health is to partner with you in ensuring safe, quality food for your consumers.

To apply for a Health Permit, submit the following documents:

- Completed “Health Permit Application - Food Facility”
 - Please print or type your application.
 - All fields must be completed. Enter N/A if a field is not applicable to the business. If the information entered is the same for multiple fields, such as the Billing Mailing Address, reenter that information – do not use “same as above.”
 - Do not enter information in the section noted “OFFICE USE ONLY.”
- Copy of the supporting documentation of the “person” who is legally responsible for the operation of the food facility
 - **Sole Proprietor** – a current driver’s license, state issued identification card, or Foreign Consulate Identification Card
 - **General Partnership** - a current driver’s license, state issued identification card, or Foreign Consulate Identification Card for each owner
 - **Limited Partnership (LP)** - Certificate of Limited Partnership
 - **Limited Liability Partnership (LLP)** - Limited Liability Partnership (LLP) Registration
 - **Corporation** - Articles of Incorporation, including a list of the officers’ names and titles
 - **Limited Liability Company (LLC)** - Articles of Organization

Prior to being issued a Health Permit, an inspection will be completed to determine that the proposed facility and its method of operation meets the requirements of the California Health and Safety Code and applicable ordinances.

If the food business is currently not in operation, a site evaluation may be required. This site evaluation ensures that the proper equipment is available to support the proposed food operation. The site evaluation will include, but not be limited to, a review of the type of food service proposed, identification of the risk category, and review of necessary equipment. To determine if a site evaluation is required, please contact Environmental Health at (714) 433-6000.

If the food business has remained in operation and there has not been any remodeling or a change in operation, the Health Department will conduct an unannounced routine inspection and may provide conditional approval to operate pending submission of the completed Health Permit Application and payment of the initial annual health permit.

Failure to submit the completed application and payment of the annual health permit will impede issuance of the permit or may result in the closure of the facility pursuant to California Health and Safety Code and applicable ordinances and is subject to penalty not to exceed three times the cost of the permit. Refer to the “Amount Owed” field and “Payment Due By” field once conditional approval to operate has been issued. The amount owed will be based on the date of conditional approval following a plan check final or based on the date of ownership change.

Acceptable forms of payment are cash, check, credit card, or money order. Make checks payable to the County of Orange and place your Related ID number on the check. Health permit fees are nonrefundable. You may pay in person from 8:00 a.m. to 4:00 p.m. Monday through Friday (excluding County holidays) or mail your check to:

Orange County Environmental Health
PO Box 25400
Santa Ana, CA 92799

A permit, once issued, is nontransferable. A permit is only valid for the person, location, type of food sales, or distribution activity, and unless suspended or revoked for cause, for the time period indicated.

To learn more about the Food Safety Program, please visit ocfoodinfo.com.

If you have any questions, please contact the Environmental Health Division at (714) 433-6000.