



Community Services Department  
 Environmental Health Division  
 1130 Civic Center Boulevard, Suite A  
 Yuba City, CA 95993  
 (530) 822-7400

## APPLICATION FOR SUTTER COUNTY HEALTH PERMIT

NAME OF ESTABLISHMENT (DBA) \_\_\_\_\_

ADDRESS OF ESTABLISHMENT \_\_\_\_\_ PHONE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

OPERATOR NAME (OWNER OF BUSINESS) \_\_\_\_\_

OWNER PHONE \_\_\_\_\_

OPERATOR ADDRESS (OWNER OF BUSINESS) \_\_\_\_\_

*According to Business and Professions Code Section 16102 every soldier, sailor or marine of the United States who has received an honorable discharge or a release from active duty under honorable conditions from such service may hawk, peddle and vend any goods, wares or merchandise owned by him without payment of any license fee, or tax. If such Business and Professions Code Section 16102 applies to you please attach your honorable discharge certificate (form DD214) as proof.*

1. **Food Establishment**

No of Seats: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Water Source: \_\_\_\_\_ Sewage Disposal: \_\_\_\_\_

If Private Water and/or Sewer - Provide Assessor's Parcel Number: \_\_\_\_\_

2. **Pool** **Spa**

Surface Area: \_\_\_\_\_ Capacity: \_\_\_\_\_ Gallons: \_\_\_\_\_

3. **Vehicle:** Type : \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ License No.: \_\_\_\_\_

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*In compliance with Sutter County Ordinance Chapter 760, Section 070, I hereby make application for the above stated business, and give my consent to the lawful inspection of the above business as required by applicable State and Local Laws. I understand changes in the above information must be submitted in writing within 5 (five) working days to Sutter County Environmental Health, 1130 Civic Center Blvd. Suite A, Yuba City, CA 95993.*

Print Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

(For Office Use Only)

Facility ID No. \_\_\_\_\_ Permit Fee: \_\_\_\_\_ By: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Type of Establishment \_\_\_\_\_

Permit Restrictions: \_\_\_\_\_