



YUBA COUNTY ENVIRONMENTAL HEALTH
 915 8TH STREET, SUITE 123 * MARYSVILLE, CA 95901
 (530) 749-5450 * Fax (530) 749-5454

APPLICATION FOR PERMIT TO OPERATE A FOOD FACILITY
 A permit must be obtained prior to beginning operations

NEW FACILITY <input type="checkbox"/>	CHANGE OF OWNER <input type="checkbox"/>	UPDATE INFORMATION <input type="checkbox"/>	BUSINESS NAME CHANGE <input type="checkbox"/>
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FACILITY INFORMATION		Mail Invoice & Permit to Facility <input type="checkbox"/>
BUSINESS NAME:	Dobbins Farmers Market	
BUSINESS ADDRESS:	9761 Marysville Road	
CITY/STATE/ZIP:	Dobbins, Ca.	BUSINESS PHONE # 831-238-7427
BUSINESS EMAIL:	info@dobbinsgrange745.org	
NAME OF PREVIOUS BUSINESS AT THIS LOCATION:		
VETERANS APPLYING FOR A PERMIT TO SELL FOOD WITH NO ALCOHOL SALES		
ARE YOU A VETERAN HONORABLY DISCHARGED? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide a copy of your discharge papers		
BUSINESS OWNER INFORMATION		Mail Invoice & Permit to Owner <input checked="" type="checkbox"/>
OWNER(S) NAME:	Dobbins Grange No 745	
BILLING ADDRESS:	P O Box 513	
CITY/STATE/ZIP:	Dobbins, Ca. 95935-0513	HOME PHONE # 831-238-7427
EMAIL:	info@dobbinsgrange745.org	CELL PHONE # 831-238-7427

FACILITY INFORMATION:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Bar | <input type="checkbox"/> Retail Market | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> School Kitchen/Satellite | <input type="checkbox"/> Commissary | <input type="checkbox"/> Mobile Food Prep Unit | <input type="checkbox"/> Vending Vehicle (no prep) |
| <input type="checkbox"/> Produce Vehicle/Stand | <input type="checkbox"/> Special Event | <input type="checkbox"/> Other: <u>Farmers Market</u> | |

- | | | | |
|-------------------|---|---|---|
| Seating Capacity: | <input type="checkbox"/> 0-49 | <input type="checkbox"/> 50-149 | <input type="checkbox"/> 150+ |
| Square Footage: | <input type="checkbox"/> Less than 2,000 sq.ft. | <input type="checkbox"/> 2,000 – 5,999 sq.ft. | <input type="checkbox"/> 6,000+ sq.ft. |
| Service Units: | <input type="checkbox"/> 1 Additional Unit | <input type="checkbox"/> 2 Additional Units | <input type="checkbox"/> 3 Additional Units |

The undersigned hereby applies for a permit to operate and agrees to operate in accordance with all applicable state and local regulations, laws, and such inspectional procedures needed to ensure compliance. Further, I understand that this permit is **NON-TRANSFERABLE** to a new owner or a new location.

 Applicant(s) Signature

 Date

FOR OFFICE USE ONLY		Approved by: _____	Date: _____
Paid \$ _____	Receipt # _____	Paid Date: _____	
Program _____	Element _____	Description _____	
Permit Issue Date _____		Permit Expiration Date _____	
Facility ID # _____		Local Site ID # _____	