

**SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT  
MASTERFILE RECORD INFORMATION FORM**

SHADED SECTIONS FOR EHD USE ONLY

|                   |  |               |  |
|-------------------|--|---------------|--|
| <b>OWNER ID #</b> |  | <b>CASE #</b> |  |
|-------------------|--|---------------|--|

OWNER FILE

**COMPLETE THE FOLLOWING BUSINESS OWNER INFORMATION:**

CHECK IF OWNER CURRENTLY ON FILE WITH EHD

|  |              |           |                            |               |
|--|--------------|-----------|----------------------------|---------------|
| <b>BUSINESS OWNER'S NAME</b>                                       |              |           |                            | <b>PHONE:</b> |
|  | <i>First</i> | <i>Mi</i> | <i>Last</i>                |               |
| <b>BUSINESS NAME</b> (If different from Owner Name)                |              |           | <b>Soc Sec or Tax ID #</b> |               |
| <b>OWNER'S HOME ADDRESS</b>  |              |           |                            |               |
| CITY   |              |           | STATE                      | ZIP           |
| <b>OWNER'S MAILING ADDRESS</b> (If different from Owner's Address) |              |           | Attention or Care of       |               |
| MAILING ADDRESS CITY   |              |           | STATE                      | ZIP           |

TYPE OF OWNERSHIP:

|                                      |                                     |                                      |                                       |  |                                       |                                     |                                |
|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|-------------------------------------|--------------------------------|
| CORPORATION <input type="checkbox"/> | INDIVIDUAL <input type="checkbox"/> | PARTNERSHIP <input type="checkbox"/> | LOCAL AGENCY <input type="checkbox"/> | COUNTY AGENCY <input type="checkbox"/> | STATE AGENCY <input type="checkbox"/> | FED AGENCY <input type="checkbox"/> | OTHER <input type="checkbox"/> |
|--------------------------------------|-------------------------------------|--------------------------------------|---------------------------------------|--|---------------------------------------|-------------------------------------|--------------------------------|

FACILITY FILE

|                |                |               |
|----------------|----------------|---------------|
| FACILITY ID #: | Co-OWNER ID #: | ACCOUNT ID #: |
|----------------|----------------|---------------|

**COMPLETE THE FOLLOWING BUSINESS FACILITY INFORMATION:**

|   |                  |                      |                    |                    |                    |                |
|---|------------------|----------------------|--------------------|--------------------|--------------------|----------------|
| Is this a <b>NEW Business LOCATION</b> or <b>VEHICLE</b> not previously regulated by the <b>ENVIRONMENTAL HEALTH DEPARTMENT</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                  |                      |                    |                    |                    |                |
| Is this an <b>EXISTING Business LOCATION</b> but a <b>NEW TYPE</b> of regulated Business? Yes <input type="checkbox"/> No <input type="checkbox"/>  |                  |                      |                    |                    |                    |                |
| <b>BUSINESS/FACILITY NAME</b> (This will be the <i>BUSINESS NAME</i> on the <b>HEALTH PERMIT</b> )  |                  |                      |                    |                    |                    |                |
| <b>FACILITY ADDRESS</b> (If <i>FACILITY</i> is a <i>MOBILE FOOD UNIT</i> or <i>FOOD VEHICLE</i> use the <u>COMMISSARY ADDRESS</u> )   |                  |                      |                    |                    |                    |                |
| <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"><i>Street Number</i></td> <td style="width: 15%;"><i>Direction</i></td> <td style="width: 25%;"><i>Street Name</i></td> <td style="width: 15%;"><i>Street Type</i></td> <td style="width: 30%;"><i>Suite #</i></td> </tr> </table> |                  | <i>Street Number</i> | <i>Direction</i>   | <i>Street Name</i> | <i>Street Type</i> | <i>Suite #</i> |
| <i>Street Number</i>  | <i>Direction</i> | <i>Street Name</i>   | <i>Street Type</i> | <i>Suite #</i>     |                    |                |
| CITY (If <i>FACILITY</i> is a <i>MOBILE FOOD UNIT</i> or <i>FOOD VEHICLE</i> use the <u>COMMISSARY CITY</u> )   |                  |                      |                    |                    |                    |                |
| STATE   | ZIP              |                      |                    |                    |                    |                |
| BOARD OF SUPERVISOR DISTRICT  | LOCATION CODE    |                      |                    |                    |                    |                |
| KEY1  | KEY2             |                      |                    |                    |                    |                |
| <b>MAILING ADDRESS for Health Permit</b> (If <i>DIFFERENT</i> from Facility Address)  |                  |                      |                    |                    |                    |                |
| Attention or Care Of  |                  |                      |                    |                    |                    |                |
| MAILING ADDRESS CITY  | STATE            |                      |                    |                    |                    |                |
| ZIP   |                  |                      |                    |                    |                    |                |
| SIC CODE:   | APN #:           |                      |                    |                    |                    |                |
| COMMENT:  |                  |                      |                    |                    |                    |                |

|   |                                |  |
|---|--------------------------------|--|
| <b><u>ACCOUNT ADDRESS</u></b> for fees and charges: | OWNER <input type="checkbox"/> | FACILITY/BUSINESS <input type="checkbox"/> |
|---|--------------------------------|--|

**BILLING AND COMPLIANCE ACKNOWLEDGMENT:** I, the undersigned Applicant, certify that I am the *Owner, Operator, or Authorized Agent* of this Business, and I acknowledge that all *PERMIT FEES, PENALTIES, ENFORCEMENT CHARGES* and/or *HOURLY CHARGES* associated with this operation will be billed to me at the address identified above as the ACCOUNT ADDRESS for this site. I also certify that all information provided on this application is true and correct; and that all regulated activities will be performed in accordance with all applicable SAN JOAQUIN COUNTY Ordinance Codes and/or Standards and STATE and/or FEDERAL Laws and Regulations.

|                            |  |
|----------------------------|--|
| <b>APPLICANT'S NAME:</b>   | <b>SIGNATURE:</b>                              |
| TITLE: <i>Please Print</i> | DATE   |
|                            | <b>DRIVER'S LICENSE # (PHOTOCOPY REQUIRED)</b> |

|             |      |   |      |
|-------------|------|---|------|
| Approved By | Date | Accounting Office Processing Completed By | Date |
|-------------|------|---|------|

A PROGRAM {EHD 48-02-034 Pink} or WATER SYSTEM {EHD 46-02-003} form must be completed for each EHD regulated operation at this LOCATION except UST Program (Use SWRCB forms)