### Facility ID

<table>
<thead>
<tr>
<th>Registration #</th>
<th>License #</th>
<th>Sticker #</th>
</tr>
</thead>
</table>

### Facility Address

(Please check the appropriate description and specify size, number of units and pertinent information.)

#### FOOD PROGRAM (1600)

- **Restaurant**: Seating Capacity _Square Footage_ _Food Handlers Course required:_ Yes ☐ No ☐
- **Commissary** ☐ Dry storage only ☐ with Food Preparation ☐ Vending Machines Number of Units ______
- **Retail Market** —Square footage _w/Meat Market only_ ☐ Multiple Departments ☐ Prepackaged Goods Only ☐
- **Mobile Food Vehicle** —Make _Vehicle Type_ _Color_ _Registration #_ _License #_ _Sticker #_ ☐
- **Mobile Food Prep Unit** —Make _Vehicle Type_ _Color_ _Registration #_ _License #_ _Sticker #_ ☐
- **Temporary Food Facility** —Dates of operation from _to_ ☐ Ice Plant ☐ Produce Stand ☐
- **Special Event** —Dates of operation from _to_ ☐

#### DAIRY PROGRAM (2000)

- **Grade A Dairy** ☐ **Grade B Dairy** ☐ **Milk Dispenser** - Number of Containers in Multi-Head Unit ___

#### CUPA

- **Hazardous Materials Business Plan** (1900)_Number of chemicals:_
- **CalARP Program** ☐ _Program 1 Facility_ ☐ _Program 2 Facility_ ☐ _Program 3 Facility_ ☐
- **Hazardous Waste Generator** (2200)_Tons Generated Per Year:_
- **Tiered Permitting Facility** —CA (2232) ☐ CE (2233, 2234, 2235, 2237) ☐ PBR (2231) ☐ PBR HHW (2236)
- **Aboveground Storage Tank Facility (AST)** (2800)_Number of ASTs___
- **Underground Storage Tank Program (UST)** (2300)_Use UST A and B forms_ ☐
- **Other CUPA Program** ☐

#### HOUSING PROGRAM (2400)

- **Hotel/Motel** —Number of Units ___ ☐ **Jail or Exempt Institution** —Number of Units ___

#### Employee Housing (2700)_Use Employee Housing/Labor Camp Application Form_

#### SITE MITIGATION (2900)_UNDERGROUND INJECTION CONTROL (3000)_

- **Environmental Assessment** ☐ UST-CAP Site ☐ Local HW Cleanup Site ☐ NPL/SEP Cleanup Site ☐ UIC Site
- **Abandoned HW Site** ☐ non-NPL/SEP Cleanup Site ☐ RWQCB Cleanup Site ☐ Water Quality Remediation Site

#### RECREATIONAL HEALTH PROGRAM (3600)_Number of Pools/Spas at Facility___

- **Pool** ☐ **Spa** ☐ **Out of Service Pool/Spa** ☐ **Natural Bathing Area**

#### VECTOR CONTROL PROGRAM (4000)_Poultry Farm——Maximum number of birds——

- **Kennel**


#### LIQUID WASTE PROGRAM (4200)_Pumper Vehicle —Registration # —License # —Capacity —Vehicle #___

- **Pumper Yard** —Package Treatment Plant ☐ Chemical Toilets —Number of Units ___

#### SOLID WASTE PROGRAM (4400)_Landfill ☐ Transfer Station ☐ Ag/Cannery Waste Site ☐ Sludge/Ash Site

- **Waste Tire Facility** —Compost Facility ☐ Process/Recycle Facility ☐ CIA Landfill Site
- **Refuse Vehicles (# of Units)___** —Dumpsters > 20 cu yd (# of Units) ___

#### MEDICAL WASTE PROGRAM (4500)_Primary Care ☐ Acute Care ☐ Skilled Nursing ☐ Large Generator ☐ Small Generator ☐ Limited Hauler

- **Transfer Station** —Veterinary Clinic ☐ Common Storage Facility 2 - 10 ☐ 11 - 60 ☐ > 60 generators

#### PUBLIC WATER SYSTEM PROGRAM (4600)_Use PWS EHD 46-02-003 Blue Application Form_

#### CONTACT PERSON ___________________________________ Day Ph ________________ Night Ph ________________

<table>
<thead>
<tr>
<th>PROGRAM ELEMENT</th>
<th>Fee</th>
<th>Surcharge Fee</th>
<th>Other FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSPECTOR #</td>
<td>PERMIT VALID</td>
<td>to</td>
<td>☐ Food Handler</td>
</tr>
</tbody>
</table>

- **Check** ___________ **AMOUNT PAID** ___________ **DATE** ___________
- **Cash** ___________ **REVIEWED BY** ___________ **ACCOUNTING OFFICE** ___________ **DATE** ___________

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48-02-034 1/23/13

MASTERFILE RECORD INFORMATION P.I.N.K.