

San Joaquin County Environmental Health Department Operating Permit Form

| | | | |
|--------------------------------------|----------------------|------|----------------|
| Facility Name | | | |
| Site Address | | City | State ZIP |
| Business Phone | | | SSN or Tax ID# |
| Facility Mailing Address | | City | State ZIP |
| If mobile food truck or pumper truck | License Plate Number | VIN | |

| Facility Owner | | | |
|-----------------|-------|-----------|-----------|
| First Name | | Last name | |
| Home Address | | City | State ZIP |
| Mailing Address | | City | State ZIP |
| Phone | Phone | Email | |

| Billing Party | | | |
|-----------------|-------|-----------|-----------|
| First Name | | Last name | |
| Billing Address | | City | State ZIP |
| Phone | Phone | Email | |

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 BILLING 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.

| | |
|----------------|-----------|
| Applicant Name | Signature |
| Title | Date |

| EHD Use Only | | | |
|--|----|--------------|--------------------------------|
| Assigned To | | Linked FA ID | Record Number |
| Date | PE | Fee | Applicant Identity Verified By |
| Permit Valid from | | to | Invoice # |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Confirmation # _____ | | Amount Paid | Payment Received By |