

AP# \_\_\_\_\_

# San Joaquin County Environmental Health Department

## Operating Permit Form

|                                      |                      |                |     |
|--------------------------------------|----------------------|----------------|-----|
| Facility Name                        |                      | Business Phone |     |
| Site Address                         | City                 | State          | ZIP |
| 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 |

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b><u>BILLING AND COMPLIANCE ACKNOWLEDGMENT:</u></b> I, the undersigned Applicant, certify that I am the <i>Owner, Operator, or Authorized Agent</i> of this Business, and I acknowledge that all <i>PERMIT FEES, PENALTIES, ENFORCEMENT CHARGES</i> and/or <i>HOURLY CHARGES</i> associated with this operation will be billed to me at the address identified above as the <u>BILLING ADDRESS</u> 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<br><input type="checkbox"/> Check # _____<br><input type="checkbox"/> Confirmation # _____ |    | Amount Paid  | Payment Received By            |