

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

SHADED SECTIONS FOR EHD USE ONLY

OWNER ID #		CASE #	
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OWNER FILE

COMPLETE THE FOLLOWING BUSINESS OWNER INFORMATION:

CHECK IF OWNER CURRENTLY ON FILE WITH EHD

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

TYPE OF OWNERSHIP:

CORPORATION INDIVIDUAL PARTNERSHIP LOCAL AGENCY COUNTY AGENCY STATE AGENCY FED AGENCY OTHER

FACILITY FILE

FACILITY ID #:	Co-OWNER ID #:	ACCOUNT ID #:
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COMPLETE THE FOLLOWING BUSINESS FACILITY INFORMATION:

Is this a NEW Business LOCATION or VEHICLE not previously regulated by the ENVIRONMENTAL HEALTH DEPARTMENT?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this an EXISTING Business LOCATION but a NEW TYPE of regulated Business?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
BUSINESS/FACILITY NAME (This will be the <i>BUSINESS NAME</i> on the HEALTH PERMIT)					APN:
FACILITY ADDRESS (If FACILITY is a <i>MOBILE FOOD UNIT</i> or <i>FOOD VEHICLE</i> use the <u>COMMISSARY ADDRESS</u>)					BUSINESS PHONE:
<i>Street Number</i>	<i>Direction</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Suite #</i>	
CITY (If FACILITY 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	
MAILING ADDRESS for Health Permit (If DIFFERENT from Facility Address)				Attention or Care Of	
MAILING ADDRESS CITY			STATE	ZIP	
EMAIL ADDRESS FOR INVOICES	INVOICE EMAIL 1	INVOICE EMAIL 2			
EMAIL ADDRESS FOR OPERATING PERMITS	PERMIT EMAIL 1	PERMIT EMAIL 2			
ACCOUNT ADDRESS 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.

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

Approved By	Date	Accounting Office Processing Completed By	Date
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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)