



# DEPARTMENT OF ENVIRONMENTAL HEALTH

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## APPLICATION FOR PERMIT TO OPERATE

A PERMIT AND LICENSE MUST BE OBTAINED PRIOR TO BEGINNING OPERATIONS

### -BUSINESS INFORMATION-

SITE NAME:	TYPE OF FACILITY:
ADDRESS:	PHONE #:
CITY/ST/ZIP:	ASSESSOR'S PARCEL #:
BILLING NAME:	SQ FT:
BILLING ADDRESS:	
CITY/ST/ZIP:	

### -OWNER INFORMATION-

NAME:	PHONE #:
ADDRESS:	
CITY/ST/ZIP:	

### -BUILDING OWNER INFORMATION-

NAME:	PHONE #:
ADDRESS:	
CITY/ST/ZIP:	

WATER SUPPLY:  PUBLIC  PRIVATE / SEWAGE DISPOSAL:  PUBLIC  PRIVATE

COMMENTS:

THE UNDERSIGNED HEREBY APPLIES FOR A PERMIT TO OPERATE AND AGREES TO OPERATE IN ACCORDANCE WITH ALL APPLICABLE STATE LAWS, REGULATIONS, COUNTY ORDINANCES AND SUCH INSPECTION PROCEDURES NEEDED TO ASSURE COMPLIANCE.

SIGNATURE:	DATE:
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### -OFFICIAL USE ONLY-

DATE:	RECEIVED BY:	RCPT# & AMT:
APPROVED:	DATE:	