

# 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	Driver's License # (Photocopy Required)	

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