



CITY OF VERNON
ENVIRONMENTAL HEALTH DEPARTMENT
 4305 SANTA FE AVENUE, VERNON, CA 90058 (323) 583-8811, EXT. 233
APPLICATION FOR FOOD HEALTH PERMIT

INSTRUCTIONS: All applicants must complete SECTION A. Complete SECTION B if your business involves a facility at a fixed location. Complete SECTION C if you use vehicles in your business. **PLEASE PRINT CLEARLY.**

SECTION A: BUSINESS INFORMATION

Name of Business: _____ Phone No: _____
 Business Owner: _____
 Business Address: _____
 Mailing Address (if different from above): _____

Reason for Application (Check One):

<input type="checkbox"/> New Permit	<input type="checkbox"/> Renewal Permit	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Vehicle	<input type="checkbox"/> Additional Units
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SECTION B: FIXED LOCATION BUSINESSES

Indicate the type of business you wish to permit by checking the appropriate box:

<input type="checkbox"/> Restaurant: <input type="checkbox"/> 0-30 Seats <input type="checkbox"/> 31 or More	<input type="checkbox"/> Food Warehouse	<input type="checkbox"/> Food Vending Machines* over [No. of Units= _____]	<input type="checkbox"/> Catering
<input type="checkbox"/> Food Processing Establishment: <input type="checkbox"/> 1-2000sq.ft. <input type="checkbox"/> More than 2000sq.ft.	<input type="checkbox"/> Food Market Retail	<input type="checkbox"/> Commercial Agriculture	<input type="checkbox"/> Other:

(*List food vending machine locations on back of application)

SECTION C: TYPE OF VEHICLES

Indicate the type of vehicle(s) you wish to permit by checking the appropriate box:

<input type="checkbox"/> Hot Truck (Mobile Food Prep.)	<input type="checkbox"/> Cold Truck (Pre-packaged foods only)	<input type="checkbox"/> Cold Lunch or Push Cart (Pre-packaged foods only)
<input type="checkbox"/> Retail Food Delivery	<input type="checkbox"/> Retail Fruit & Vegetable Delivery	<input type="checkbox"/> Wholesale Food Delivery

Identify each vehicle to be permitted as to vehicle license plate number, year, make, and model:

#	Vehicle License Plate #	Year/Make/Model
1		
2		
3		
4		
5		
6		

(Use back of application to identify additional vehicles)

DEPARTMENT USE ONLY	
Basic Fee	\$
Unit Fee	\$
TOTAL FEE DUE	\$

FEEES MUST BE PAID AT TIME OF APPLICATION, PAYABLE TO: "CITY OF VERNON"

I declare under penalty of making a false statement that, to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and operation of this business.

Date: _____ Signature: _____ Title: _____

FOR DEPARTMENT USE ONLY				
Receipt #	Date Paid	Received By	Permit Approved/Denied	Permit #
			Date: _____ By: _____	

