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Health Officer



**COUNTY OF KINGS**

**DEPARTMENT OF PUBLIC HEALTH**

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Environmental Health Services  
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**PLEASE COMPLETE THIS FOOD VENDING PERMIT APPLICATION  
AND RETURN WITH YOUR PAYMENT AND THE ENCLOSED INVOICE**

BUSINESS NAME

BUSINESS LOCATION: ADDRESS, CITY, ZIP CODE

BILLING/MAILING ADDRESS: CITY, ZIP CODE

BUSINESS PHONE

HOME PHONE

OWNER'S NAME

ADDRESS, CITY, ZIP CODE

PERMIT APPLICANT/CONTACT PERSON'S NAME

E-MAIL ADDRESS

CERTIFIED FOOD SAFETY PERSON'S NAME

NAME OF FOOD SAFETY EXAM AND DATE PASS

APPLICANT'S SIGNATURE

DATE

**NON PROFIT ORGANIZATIONS ARE EXEMPT FROM FOOD VENDING PERMIT FEES.**

**RESTAURANTS/BARS /BAKERIES/CATERERS ONLY**

Your bill is based on the gross receipt category you reported for the prior year. If your fee category has changed, please check the appropriate box for your gross receipts in calendar year 2009. Estimate this year's annual gross if you did not operate in 2009.

<input type="checkbox"/>	<u>GROSS RECEIPT CATEGORY</u>	<u>PERMIT FEE</u>
<input type="checkbox"/>	Under \$25,000 .....	\$ 125.00
<input type="checkbox"/>	\$25,001 - \$100,000.....	\$ 285.00
<input type="checkbox"/>	\$100,001 - \$250,000 .....	\$ 550.00
<input type="checkbox"/>	\$250,001 - \$500,000 .....	\$1,110.00
<input type="checkbox"/>	\$500,001 - \$750,000 .....	\$1,430.00
<input type="checkbox"/>	\$750,001 - \$1,000,000 .....	\$1,550.00
<input type="checkbox"/>	Over \$1,000,000 .....	\$1,775.00

**PLEASE TURN OVER**

**RETAIL MARKETS ONLY**

Fees are based on the square footage devoted to food storage/display.

<u>SQUARE FOOTAGE CATEGORY</u>	<u>PERMIT FEE</u>
<input type="checkbox"/> Under 1,000 Sq Ft. ....	\$ 285.00
<input type="checkbox"/> 1,001- 2,000 Sq. Ft. ....	\$ 550.00
<input type="checkbox"/> 2,001 - 6,000 Sq. Ft. ....	\$1,110.00
<input type="checkbox"/> 6,001 - 15,000 Sq. Ft. ....	\$1,430.00
<input type="checkbox"/> 15,001 - 30,000 Sq. Ft. ....	\$1,550.00
<input type="checkbox"/> Over 30,000 Sq. Ft. ....	\$1,775.00

<u>OTHER CATEGORIES</u>	<u>PERMIT FEE</u>
<input type="checkbox"/> Temporary Food Facility (multiple events-good for one year) .....	\$ 280.00
<input type="checkbox"/> Temporary Food Facility (single event - not to exceed 5 days) .....	\$ 100.00
<input type="checkbox"/> Food Vending Vehicle (Vehicle License No. ....)	\$ 280.00
<input type="checkbox"/> Produce Stand (Permanent) .....	\$ 280.00
<input type="checkbox"/> Produce Stand (Mobile or Swap Meet).....	\$ 120.00
<input type="checkbox"/> Food Vending Machines .....	\$ 110.00
<input type="checkbox"/> Frozen Dessert, Bakery, Push Carts or Vehicles.....	\$ 75.00
<input type="checkbox"/> Hotel Breakfast.....	\$ 110.00
<input type="checkbox"/> Non-Profit Organizations .....	\$ 0.00

Location of Operation \_\_\_\_\_ Type of food served \_\_\_\_\_

**Your cancelled check is your receipt.**

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**OFFICE USE ONLY**

AMT REC'D \_\_\_\_\_ REC'D BY # \_\_\_\_\_ DATE REC'D \_\_\_\_\_

DATE OF PAYMENT \_\_\_\_\_ PAYMENT TYPE: (1) CASH \_\_\_\_\_ (2) CHECK (3) CASH & CHECK

CHECK# \_\_\_\_\_ DATE OF CHECK \_\_\_\_\_ RECEIPT# \_\_\_\_\_

CIRCLE ONE OF THE FOLLOWING: RENEWAL/NEW/CHANGE-OF-OWNERSHIP

OWNER # \_\_\_\_\_ FACILITY # \_\_\_\_\_ PROGRAM REC # \_\_\_\_\_ INVSCHED DOLB \_\_\_\_\_

DATE APPROVED & BY OFFICER: \_\_\_\_\_