

**Alpine County Health And Human Services  
Environmental Health**

75-B Diamond Valley Road, Markleeville, CA 96120  
(530) 694-2146 / (530) 694-2770—Fax

**Food Facility Permit Application**

**OWNER/OPERATOR**

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_

**FACILITY:**

Name: \_\_\_\_\_

Site Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

**EMERGENCY NOTIFICATION:**

Contact #1: Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

**DESCRIPTION:**

Manager \_\_\_\_\_

Total Seating Capacity \_\_\_\_\_ Total Sq. Footage of Establishment \_\_\_\_\_

Water Source \_\_\_\_\_

\_\_\_\_\_  
**Owner/Operator's Signature**

\_\_\_\_\_  
**Date**

-----  
**Office Use Only**

Date Plans Received \_\_\_\_\_ Date Plans Reviewed \_\_\_\_\_

Amount Plan Review Fee \_\_\_\_\_ Received By \_\_\_\_\_