



**MONTEREY COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH BUREAU**

**Application for a New/ Renewal  or Change of Permit/Registration**

**SECTION I: TO BE COMPLETED BY APPLICANT *(Please print clearly)***

Facility Account Permit # **FA** \_\_\_\_\_ **PR** \_\_\_\_\_ **Date:** \_\_\_\_\_

This application is for a: **Food Facility**  **Swimming Pool or Spa**  **Closed Business**   
**Swap Meet/Prepackaged**  **Certified Farmer's Market**  **Special Event/Annual**

**Facility Name:** \_\_\_\_\_ **Phone # :** \_\_\_\_\_

**Site Location Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

**Name of Business Owner:** \_\_\_\_\_ **Phone # :** \_\_\_\_\_

**Name of Manager:** \_\_\_\_\_ **Phone # :** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **Email :** \_\_\_\_\_

**Permit Mailing Address:**  **Facility**  **Billing**

**Have you been issued a Monterey County Health permit before?** **Yes**  **No**

**If yes, what is the FA** \_\_\_\_\_

**Workers Comp Affirmation (See reverse side of form):** **Yes**  **No**

*In signing this application, I certify that the information above is true and correct. In addition, I am responsible for all aspects of an issued health permit as stipulated by the California Retail Food Code (CAL CODE), including notification to Environmental Health when of any changes to the above information. Failure to notify the health department of closure and/or change of ownership may result in responsibility of any and all fees. Failure to comply with CAL CODE at any time will result in suspension/revocation/refusal of health permit and/or registration. It is my responsibility to renew my permit and/or registration prior to the annual expiration date of June 30th, to avoid penalties and/or closure. I understand permits and/or registrations are non-refundable and/or nontransferable. **Plan checks are required prior to any remodel.***

Signature of owner/applicant: \_\_\_\_\_ Date : \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY ENVIRONMENTAL HEALTH SPECIALIST**

**A. Food Facilities:**

(1) Type of facility: \_\_\_\_\_ PE: \_\_\_\_\_

• **Former Name of Establishment :** \_\_\_\_\_

**B. Swimming Pool or Spa:**

(1) Number to be permitted: Pools: \_\_\_\_\_ Spas: \_\_\_\_\_

**Environmental Health Specialists Instructions to Clerical:** \_\_\_\_\_

**EHS :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**SECTION III: TO BE COMPLETED BY CLERICAL**

[ ] New Permit Issued [ ] Mail New Billing [ ] Envision Updated

New AR # \_\_\_\_\_ Old AR # \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name : \_\_\_\_\_

Comments : \_\_\_\_\_

<b>Fee Payments</b>	
<b>Permit :</b>	\$ _____
<b>1st Responder :</b>	_____
<b>Commissary :</b>	_____
<b>Penalty :</b>	_____
<b>TOTAL :</b>	=====
<b>Date Paid :</b>	_____
<b>Invoice # :</b>	_____



# COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration      Clinic Services      Public Health  
Behavioral Health      Emergency Medical Services      Public Administrator/Public Guardian  
Environmental Health/Animal Services

*Nationally Accredited for Providing Quality Health Services*

## WORKERS' COMPENSATION COMPLIANCE AFFIRMATION

**1. (Please print clearly):**

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

Health Permit Facility ID number, if known FA- \_\_\_\_\_

Business location address: \_\_\_\_\_

Owner/Operator phone number: \_\_\_\_\_

I understand that this business must comply with the Workers' Compensation laws of the State of California in order to obtain and maintain a valid Health Permit from the Monterey County Health Department, Environmental Health.

**2. (Please check one):**

I hereby affirm one of the following declarations:

\_\_\_\_ I certify that this business is not subject to requirements of Section 3700 of the Labor Code at this time. I agree that if this business employs any person in any manner so as to become subject to the Workers' Compensation laws of the State of California and the provisions of Section 3700 of the Labor Code I will comply with those provisions.

*OR*

\_\_\_\_ I have and will maintain a CERTIFICATE OF CONSENT TO SELF-INSURE for Workers' Compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this Health Permit is issued.

*OR*

\_\_\_\_ I have and will maintain a CERTIFICATE OF INSURANCE for Workers' Compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this Health Permit is issued. If you have checked this answer, please also show:

*The Workers' Compensation insurance carrier/provider:* \_\_\_\_\_

*Policy number(s):* \_\_\_\_\_

**3. (Please sign and date):**

*Owner/Operator:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***The information provided on the Workers' Compensation Compliance Affirmation form may be shared with the Monterey County District Attorney's office upon their request***

Salinas: 1270 Natividad Road, Salinas, CA 93960 • Office (831)755-4505 • Fax (831)796-8694  
Monterey: 1200 Aguajito Road, #007, Monterey, CA 93940 • Office (831)647-7654 • Fax (831)796-8695  
King City: 200 Broadway, Ste 70, King City, CA 93930 • Office (831)386-6899 • Fax (831)796-8697