



**Food Facility Permit Application**  
**Environmental Health Division**  
DEPARTMENT OF PLANNING AND BUILDING SERVICES  
707 Nevada Street, Suite 5 • Susanville, CA 96130-3912  
(530) 251-8269 • (530) 251-8373 (fax)  
www.co.lassen.ca.us

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Operator (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mail All Facility Related Correspondence to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Brief Description of Food Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Square footage of facility: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Water Supply: \_\_\_\_\_ Sewage Disposal: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only - Do not write below this line**

Business Type: \_\_\_\_\_

Food Facility Code #: \_\_\_\_\_

Food Facility Permit #: \_\_\_\_\_