



PUBLIC HEALTH PERMIT/LICENSE - SUPPLEMENTAL APPLICATION HOST FACILITY

Environmental Health Division
5050 Commerce Drive, Baldwin Park, CA 91706
www.publichealth.lacounty.gov/eh
(888) 700-9995



Date of Application:	Legal Name of Business (DBA):		OFFICE USE ONLY				
			SR # _____ Invoice # _____				
ATTACHMENTS	<p><u>The following documents must be submitted with this application:</u></p> <input type="checkbox"/> Public Health Permit/License Application. <input type="checkbox"/> Permit fee must be paid at the time of application. \$ _____						
Host Facility Address	Address:						
	City:					Zip:	
Host Facility On-Site Contact Information	Name:						
	Phone:			Email:			
Days/Times of Food Operations in the Host Facility	Monday	Tuesday	Wed.	Thursday	Friday	Saturday	Sunday
Catering Operations Contracted to Support Host Facility							
Name of Food Facility	Address of Food Facility				Day & Time Operating		
ACKNOWLEDGMENT	By signing below, I acknowledge that the information contained in this Public Health Permit/License Supplemental Application and attached documents are true and correct. I understand that the installation of new equipment or additional catering operations may require submission of approval. Contact Environmental Health at (626)430-5320 for additional information.						
	Owner 1			Owner 2			
	Print Name:			Print Name:			
	Signature:			Signature:			
	Title:			Title:			
Date:			Date:				