



Environmental Health ❖ 625 5<sup>th</sup> Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ [EH@sonoma-county.org](mailto:EH@sonoma-county.org)  
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

**FOOD FACILITY SITE REVIEW APPLICATION**

A food facility site review is an evaluation of the menu and an inspection conducted at the facility where you are planning to take ownership.

**SUBMITTING THE FOOD FACILITY SITE REVIEW APPLICATION IS NOT A PERMIT TO OPERATE.  
A FOOD FACILITY THAT OPERATES WITHOUT A VALID RETAIL FOOD FACILITY PERMIT MAY BE SUBJECT TO  
CLOSURE AND PENALTY OF UP TO 3 TIMES THE COST OF THE PERMIT**

Environmental Health will only issue a retail food facility permit to operate when it has determined that the facility and its method of operation is in conformance with California Retail Food Code (CALCODE).

1. **CALCODE Chapter 13, Article 1, Section 114387:** *Any person who operates a food facility shall obtain all necessary permits to conduct business, including, but not limited to, a permit issued by the enforcement agency. In addition to penalties under Article 2 (commencing with Section 114390), violators who operate without the necessary permits shall be subject to closure of the food facility and a penalty not to exceed three times the cost of the permit.*
2. **Sonoma County Code, Section 14-4 (a):** *No person shall operate any food facility without a valid local food facility permit.*
3. **Sonoma County Code, Section 14-4 (l):** *Permits shall not be transferable upon change of ownership.*

CHANGE OF OWNERSHIP     REOPENING     OTHER

Former Facility Name \_\_\_\_\_ APN \_\_\_\_\_

Facility Name \_\_\_\_\_ Sq. Ftg. of Facility Interior \_\_\_\_\_

Site Address \_\_\_\_\_ Ste # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

New Owner name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Ste # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ First date of New Owner Operation \_\_\_\_\_

**DESCRIBE PROPOSED CHANGES AND/OR REPAIRS: EQUIPMENT, STRUCTURAL, PLUMBING, MECHANICAL, OR ELECTRICAL**

**FACILITY DETAILS – THIS SECTION MUST BE COMPLETED**

Yes	No	Yes	No
		Any changes or repairs to equipment, floors, walls, ceiling, storage areas, or dining area? If yes, describe above.	Are there any changes to the current menu/food sold? Submit Menu.
		Restroom(s)? How many? _____	Is all equipment in place from previous owner?
		Dedicated Mop/Janitorial sink?	Take out only?
		Handwashing sink(s) How many? _____ Location(s): _____	

**CHECK ALL THAT APPLY**

Existing Equipment:  3-Compartment sink w/ drainboards     2-Compartment sink     Dishwasher  
 Prep sink w/ drainboard     Type I Hood     Type II Hood     No Hood

Existing Cooking Equipment: Under Type I Hood \_\_\_\_\_ Under Type II Hood \_\_\_\_\_  
 Not Under Hood \_\_\_\_\_

**Note:** Equipment not previously approved for installation and use are subject to comply with current codes.

Water heatertype and rating:  Gas (BTU) \_\_\_\_\_ **or**  Electric (kW) \_\_\_\_\_ **or**  
 Instantaneous/Tankless (GPM @ 60°F rise) \_\_\_\_\_

Approved water source provided by:  Municipal Water Agency Name \_\_\_\_\_ **or**  
 Onsite (Well) Connection

Wastewater disposal provided by:  Municipal Wastewater Agency Name \_\_\_\_\_ **or**  
 Onsite Disposal (Septic) Connection

I HEREBY START THE APPLICATION PROCESS FOR A FOOD FACILITY PERMIT to establish and/or operate the above-mentioned business or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States Government, the State of California, and Sonoma County. I hereby consent to all necessary inspections pursuant to the issuance of this permit and operation of the business. I understand that any construction, alteration or repair, including but not limited to, equipment changes or alterations, a menu change or change in facility's method of operation requires Environmental Health & Safety review and approval. The facility will be approved to operate upon verification of compliance with CALCODE. A facility found operating in violation of CALCODE is subject to closure and a penalty not to exceed three times the cost of the permit.

- Complete the attached Site Review Application.
- Provide a copy of the proposed Menu including food and beverages.
- If the facility has exhaust ventilation hood(s) for grease laden vapors, perform Air Balance Test (list of local testing companies attached) and provide copy of report.
- Submit all forms to [EH@Sonoma-County.org](mailto:EH@Sonoma-County.org), or via mail to 625 5<sup>th</sup> St., Santa Rosa.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**For office use only:**

APPLY FOR HEALTH PERMIT     SITE REVIEW REQUIRED     PLAN SUBMISSION REQUIRED

Application Date \_\_\_\_\_ FA # \_\_\_\_\_ SR # \_\_\_\_\_ Dist. \_\_\_\_\_

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

Received by \_\_\_\_\_ Date \_\_\_\_\_ Approved by \_\_\_\_\_ Date \_\_\_\_\_

Cash     Check/Credit Card Trans# \_\_\_\_\_ Date rec'd \_\_\_\_\_ by \_\_\_\_\_ Amount rec'd \$ \_\_\_\_\_