

**SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT  
MASTERFILE RECORD INFORMATION FORM**

SHADED SECTIONS FOR EHD USE ONLY

<b>OWNER ID #</b>		<b>CASE #</b>	
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OWNER FILE

**COMPLETE THE FOLLOWING BUSINESS OWNER INFORMATION:**

CHECK IF OWNER CURRENTLY ON FILE WITH EHD

<b>BUSINESS OWNER'S NAME</b>				<b>PHONE:</b>
	<i>First</i>	<i>Mi</i>	<i>Last</i>	
<b>BUSINESS NAME</b> (If different from Owner Name)			<b>Soc Sec or Tax ID #</b>	
<b>OWNER'S HOME ADDRESS</b>				
CITY			STATE	ZIP
<b>OWNER'S MAILING ADDRESS</b> (If different from Owner's Address)			Attention or Care of	
MAILING ADDRESS CITY			STATE	ZIP

TYPE OF OWNERSHIP:

CORPORATION <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	LOCAL AGENCY <input type="checkbox"/>	COUNTY AGENCY <input type="checkbox"/>	STATE AGENCY <input type="checkbox"/>	FED AGENCY <input type="checkbox"/>	OTHER <input type="checkbox"/>
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FACILITY FILE

FACILITY ID #:	Co-OWNER ID #:	ACCOUNT ID #:
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**COMPLETE THE FOLLOWING BUSINESS FACILITY INFORMATION:**

Is this a <b>NEW Business LOCATION</b> or <b>VEHICLE</b> not previously regulated by the <b>ENVIRONMENTAL HEALTH DEPARTMENT</b> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this an <b>EXISTING Business LOCATION</b> but a <b>NEW TYPE</b> of regulated Business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>BUSINESS/FACILITY NAME</b> (This will be the <b>BUSINESS NAME</b> on the <b>HEALTH PERMIT</b> )	
<b>FACILITY ADDRESS</b> (If <b>FACILITY</b> is a <b>MOBILE FOOD UNIT</b> or <b>FOOD VEHICLE</b> use the <b>COMMISSARY ADDRESS</b> )	<b>BUSINESS PHONE</b>
<i>Street Number</i> <i>Direction</i> <i>Street Name</i> <i>Street Type</i> <i>Suite #</i>	
CITY (If <b>FACILITY</b> is a <b>MOBILE FOOD UNIT</b> or <b>FOOD VEHICLE</b> use the <b>COMMISSARY CITY</b> )	STATE      ZIP
<b>BOARD OF SUPERVISOR DISTRICT</b>	<b>LOCATION CODE</b> KEY1      KEY2
<b>MAILING ADDRESS for Health Permit</b> (If <b>DIFFERENT</b> from Facility Address)	Attention or Care Of
MAILING ADDRESS CITY	STATE      ZIP
SIC CODE:	APN #:      COMMENT:

<b><u>ACCOUNT ADDRESS</u></b> for fees and charges:      OWNER <input type="checkbox"/> FACILITY/BUSINESS <input type="checkbox"/>
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**BILLING AND COMPLIANCE ACKNOWLEDGMENT:** I, the undersigned Applicant, certify that I am the *Owner, Operator, or Authorized Agent* of this Business, and I acknowledge that all **PERMIT FEES, PENALTIES, ENFORCEMENT CHARGES** and/or **HOURLY CHARGES** associated with this operation will be billed to me at the address identified above as the **ACCOUNT ADDRESS** for this site. I also certify that all information provided on this application is true and correct; and that all regulated activities will be performed in accordance with all applicable **SAN JOAQUIN COUNTY Ordinance Codes and/or Standards** and **STATE and/or FEDERAL Laws and Regulations**.

<b>APPLICANT'S NAME:</b>	<b>SIGNATURE:</b>
TITLE: <i>Please Print</i>	DATE
	<b>DRIVER'S LICENSE # (PHOTOCOPY REQUIRED)</b>

Approved By	Date	Accounting Office Processing Completed By	Date
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**A PROGRAM {EHD 48-02-034 Pink} or WATER SYSTEM {EHD 46-02-003} form must be completed for each EHD regulated operation at this LOCATION except UST Program (Use SWRCB forms)**