



Glenn County Health Services Food Facility Permit Application

See the California Retail Food Code, Section 114387

Date _____

ADMINISTRATION

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

ENVIRONMENTAL HEALTH

257 N. Villa Ave.
Willows, CA 95988
(530) 934-6102
FAX: (530) 934-6103

FISCAL

247 N. Villa Ave.
Willows, CA 95988
(530) 934-6347
FAX: (530) 934-6369

MENTAL HEALTH

242 N. Villa Ave.
Willows, CA 95988
(530) 934-6582
FAX: (530) 934-6592

604 E. Walker St.
Orland, CA
(530) 865-6459
FAX: (530) 865-6483

Mailing Address

242 N. Villa Ave.
Willows, CA 95988

PUBLIC HEALTH

240 N. Villa Ave.
Willows, CA 95988
(530) 934-6588
FAX: (530) 934-6463

SUBSTANCE ABUSE

1187 E. South St.
Orland, CA 95963
(530) 865-1146
FAX: (530) 865-1150
Mailing Address
P.O. Box 1174 E South St
Orland, CA 95963

Food Facility Name _____

Food Facility Address _____

Food Facility Mailing address (if different) _____

Where do you want us to mail the food facility permit? _____

Food Facility Phone # _____ Fax # _____

Email Address _____

Owner's Name _____

Home Address _____

Home Phone # _____ Cell # _____

Fax # _____ Email Address _____

Emergency Contact Person _____

Home Address _____

Home Phone # _____ Cell # _____

Fax # _____ Email Address _____

Manager _____

Was this location previously operated as a retail food business? _____

Previous name of facility _____

Is food preparation occurring at this facility; slicing, portioning, cooking, warming, wrapping, mixing, opening packages, re-packaging? _____

Food facility annual permit fees:

Restaurants 0-25 seats \$200
26-50 seats \$250
50 seats \$325
Caterer \$150
Bed & Breakfast \$150

Markets small-under 1000ft \$200
medium 1000-4000ft \$250
large over 4000ft \$325

Vehicles food prep \$175
packaged food \$75

Packaged
Incidental Foods \$40
Packaged Food (under 1000 ft) \$75
Packaged Food (over 1000 ft) \$100

Food Facility Plan check <1000ft -\$200, >1000ft \$320