

## **County of Santa Cruz**

## HEALTH SERVICES AGENCY

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ENVIRONMENTAL HEALTH

## **Mobile Food Facility Permit Inactivation Request**

Business Name:			
Business Owner:			
Address:			
City:	State:		_ Zip:
Phone Number: ( )		Cell Phone Number	( )
Vehicle License Plate #:		Vin#:	

I/ We certify that the above noted Mobile Food Facility will no longer be operated in the County of Santa Cruz. I am requesting that the Santa Cruz County Environmental Health Department inactivate my Health Permit. I understand that I must re-apply for a Health Permit to conduct business again in this County. I must pay the current permit fee plus a late fee if I reapply within the next 6 months. The mobile must meet current California Retail Food Code Regulations if I or someone else reapplies for a Health Permit after this 6 month period.

I am aware that it is illegal to operate a food business without a current and valid Health Permit. In addition to the penalties under Article 2 (commencing with Section 114390) of California Retail Food Code, violators who operate without the necessary permits shall be subject to closure of the food facility and a penalty up to three times the cost of the permit.

Signature

Print Name

Date

For Office Use Only: