



CERTIFICATE OF OPERATION
ANNUAL ENVIRONMENTAL HEALTH PERMIT APPLICATION

Complete this application with associated permit fee and return to Nevada County Environmental Health Department at the above address or email to Env.Health@nevadacountyca.gov

Name of Establishment Phone Number
Address of Establishment - If Applicable APN - If Applicable

Please check one of the following from each column:

- New Establishment
Existing Establishment
Change of Ownership
Change of Contact Information
Food Facility (Restaurant, Deli) - Number of Seats:
Retail Market - Size: ft^2
Recreational Water
Institutions
Other:

\*\*\*If there are any changes not relating to contact information, please contact this department for further instruction.

Bar, Bakery, Mobile Food Facility, Cottage Food, Caterer, etc...

Owner/Operator Name - If Partnership or Corporation, list here Driver's License Number
Mailing Address of Owner/Operator
Contact Email Address Phone Number

In applying for this permit, the applicant agrees to comply with state and local laws and ordinances applicable to the aforementioned business and further agrees to allow inspection of the same by representatives from the Nevada County Environmental Health Department to assure compliance with said laws. This permit, once issued, will be valid from November 1 to October 31 of the current fiscal year. This permit is subject to revocation for non-payment of all departmental fees related to this business. The facility must notify the Nevada County Environmental Health Department of any changes in the information supplied on this form.

Owner/Operator Name - Print Owner/Operator Signature Date

OFFICE USE ONLY
Permit Year: Program Element: Fee: \$ ABC: YES NO
Approved By: , REHS Date:



# Community Development Agency

## Environmental Health Department

950 Maidu Avenue Suite #170      PH: (530) 265-1222 ext. 3  
 PO BOX #599002      FAX: (530) 265-9854  
 Nevada City, CA 95959      Env.Health@nevadacountyca.gov  
[www.nevadacountyca.gov](http://www.nevadacountyca.gov)

### AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

**Site Information:****Invoices and/or notices to be mailed to:**

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: \_\_\_\_\_

*I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.*

\_\_\_\_\_  
 Signature      Dated: \_\_\_\_\_      CDL# \_\_\_\_\_  
 \_\_\_\_\_  
 Printed Name      Tel #: \_\_\_\_\_

**THIS SECTION FOR OFFICE USE ONLY**

Service: \_\_\_\_\_ Program: \_\_\_\_\_ Job No: \_\_\_\_\_  
 Check #: \_\_\_\_\_ Project File #: \_\_\_\_\_ Billing Code: \_\_\_\_\_  
 Amount Collected: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

Service: \_\_\_\_\_ Program: \_\_\_\_\_ Job No: \_\_\_\_\_  
 DPW #: \_\_\_\_\_ Project File #: \_\_\_\_\_ Billing Code: \_\_\_\_\_  
 Amount Collected: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_