

## RETAIL FOOD PROGRAM SERVICE REQUEST APPLICATION

☐ HACCP Plan Review Request☐ Variance Request☐ Resubmission

Name of Facility			Facility Operator (Name and Title)		
DBA (List additional DBAs on separate sheet if necessary)			Contact Telephone Number		E-mail Address
Facility Address (number, street)			Health Permit Number		
City	State	ZIP Code	County		

**\*If this request applies to more than one facility and/or facilities in multiple counties, please attach a list of the facilities that will be affected.**

**You must include the following documentation with this application:**

1. A letter signed by the applicant with a detailed description of the specific service that is requested;
2. A hard copy of the plan and/or request, and copies of supporting scientific documentation that validates the food safety efficacy of the process, procedure, or plan being proposed (which may include laboratory analyses); and
3. Payment of \$207.00 non-refundable cost-recovery fee.

**Fee payment is non-refundable and does not guarantee an approval by this agency.**

The fee covers the first two hours of technical/scientific review of the documents submitted by the applicant. Additional fees will be required if additional time is necessary for technical/scientific review or if a field evaluation is necessary to complete the review.

**Make checks payable to:  
California Department of Public Health**

Submit Applications and required documentation to:

Department of Public Health  
Food and Drug Branch, MS 7602  
Cashier – Retail Food Program  
P.O. Box 997435  
Sacramento, CA 95899-7435

If you have any additional questions, please call (916) 650-6500.

***PLEASE DO NOT WRITE BELOW THIS LINE***

Date Received	Payment Type	Amount	Tracking Number
		\$	2010-