



## 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-