385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: EHS.CustomerService@dph.sbcounty.gov

Website: wp.sbcounty.gov/dph/ehs

Text/Call: 800.442.2283 Fax: 909.387.4323

APPLICATION FOR SEMI-FROZEN (SOFT SERVE) MILK PRODUCTS PLANT LICENSE

THIS SECTION TO BE	COMPLETED BY APPL	ICANT • HEA	LTH PEI	RMITS A	ARE NOT T	RANSFERABLE	
	FACILIT'	Y INFORM <i>A</i>	TION				
First Date of Operation:		Type:	□ Re	egular	□ Seaso	nal 🗆 Mobile	
Facility Name (Include restaurant/store number if applicable):			Care Of: Email:				
Address:					State:	Zip:	
Phone Number:	Alternate Phone N	lumber:	er: Fax Number:				
MAILING INFORMATION							
Address (if different than above): City: State: Zip:						Zip:	
PREVIOUS FACILITY/OWNER INFORMATION							
Previous Name of Facility:		Previous					
LEGAL OWNERSHIP INFORMATION							
New Owner: ☐ Yes	□ No Ownership:	☐ Individua	al [□ Partne	rship	□ Corporation	
Name of Owner(s) (Please give name of president if a corporation): Tax ID Number:							
INVOICE INFORMATION							
Mail To:		Care Of:	Care Of:				
Address:		City:			State:	Zip:	
Application is hereby made for a December 31, 20 in San Ber Indemnification – The Contract County and its authorized officer arising out of this contract from a expenses incurred by the County provision shall apply regardless the County's "active" as well as "the meaning of Civil Code Section	nardino County. or agrees to indemnify, defendes, employees, agents and volum y cause whatsoever, including on account of any claim except the existence or degree of frassive" negligence but does	d (with counsel unteers from an ng the acts, erro ept where such fault of indemnit	reasonably y and all cl ors or omiss indemnifica ees. The C	approved aims, actions sions of ar ation is pro contractor's	I by County) a ons, losses, d ny person and ohibited by lav s indemnificat	and hold harmless the amages, and/or liability I for any costs or v. This indemnification ion obligation applies to	
☐ Electronic Signature Only:	By checking this box, I confirm I also acknowledge that I hav		•		•		
Signature of Present Owner or Manager	J	,		, ,	Date:		
Print Name:		Title:					
For Office Use Only							
New Plant: ☐ Yes	□ No Tyl	pe:	Soft Serve	· 🗆	Frozen Yogu	urt 🗆 PRMP	
Previous Plant Number: 06 –	# of Machines:	Previous	Previous Owner's Last Operating Date:				
Specialist's Signature X			Mobile Serial Number (not license plate):				
		Office Use Only					
Fee:	FA Number:	Record II	D:			PE Number:	
Late Fee:	Designated Employee:	Received	•			Date:	
Check One: ☐ New ☐ Transfer ☐ Reactivate Changes (please specify):							