



**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-
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