



# COMMUNITY DEVELOPMENT DEPARTMENT

Quincy Yaley, AICP  
Director

Land Use and Natural Resources – Housing and Community Programs – Environmental Health – Building and Safety – Code Compliance

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## CONSUMER PROTECTION SERVICE REQUEST

This is NOT a Permit Application

- FOOD FACILITY       ORGANIZED CAMP       POOL / SPA  
 FOOD VEHICLE       COMMISSARY       BODY ART  
 MEDICAL WASTE  
 PLAN CHECK     CHANGE OF OWNER     REMODEL     CONSULTATION     OTHER

<b>PLEASE FILL OUT COMPLETELY AND PRINT CLEARLY:</b>		
Opening Date:	Type of Business:	
Name of New Business:		
Name of Owner(s):		
Physical Address:	City:	Zip Code:
Billing Address:	City:	Zip Code:
Phone #:	Email:	
Contact Person:	Title:	Phone:
Previous Name of Business & Owner:		
Assessor's Parcel # ----- _____	Water Supply:	Sewage Disposal:
Sq. Foot (Food):	Seating Capacity (Food):	
Commissary (Food Vehicles):	Volume (Pools):	gallons

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date