CITY OF EL PASO, TEXAS
DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)

DEPARTMENT: **Building Permits & Inspections**

AGENDA DATE: **December 14, 2004**

CONTACT PERSON/PHONE: **R. Alan Shubert, P.E.**

DISTRICT(S) AFFECTED: **N/A**

SUBJECT:
APPROVE a resolution / ordinance / lease to do what? **OR AUTHORIZE** the City Manager to do what? Be descriptive of what we want Council to approve. Include $ amount if applicable.

Request refund for David Esquivel in the amount of $100.00 (One Hundred Dollars)
Permit # BUS04-10351; Funding Source: Account # 41010127-404138

BACKGROUND / DISCUSSION:
Discussion of the what, why, where, when, and how to enable Council to have reasonably complete description of the contemplated action. This should include attachment of bid tabulation, or ordinance or resolution if appropriate. What are the benefits to the City of this action?

Request a refund for David Esquivel in the amount of $100.00 (One Hundred Dollars)
Permit # BUS04-10351

PRIOR COUNCIL ACTION:
Has the Council previously considered this item or a closely related one? If so, when?

N/A

AMOUNT AND SOURCE OF FUNDING:
How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?

Account # 41010127-404138

BOARD / COMMISSION ACTION:
Enter appropriate comments or N/A

N/A

**********REQUIRED AUTHORIZATION**********

LEGAL: (if required) _____ **FINANCE:** (if required) _____

OTHER: _____
(Example: if RCA is initiated by Purchasing, client department should sign also)
Information copy to appropriate Deputy City Manager

APPROVED FOR AGENDA:

CITY MANAGER: _____ **DATE:** _____

CITY OF EL PASO

BUILDING PERMITS AND INSPECTIONS DEPARTMENT

REFUND REQUEST FORM

☑ Individual ☐ Company ☐ Other

NAME: David Esquivel

ADDRESS: 1069 Green Lilac

CITY El Paso STATE TX ZIP CODE 79915

TELEPHONE # (915) 598-6562

Please complete the following if a company, corporation, etc. is requesting the refund:

CONTACT NAME: David Esquivel

TITLE: Owner

TELEPHONE # (915) 598-6562 FAX # ( )

FIN (FEDERAL ID #)

REASON FOR REQUEST: Could not get my Health permit.

SIGNATURE OF RECIPIENT: David F Esquivel DATE: 12-3-04

DO NOT WRITE BELOW THIS LINE, TO BE COMPLETED BY BUILDING PERMITS AND INSPECTIONS DEPARTMENT

VENDOR #

DEPARTMENT ID # ACCOUNT #

FUND # CLASS #

VOUCHER #

REQUESTED BY PHONE #: DATE:

APPROVED BY: DATE:

Building Permits and Inspections Director

10/27/2004
2:50:26PM

Receipt #: 5200400000000000756

Date: 10/27/2004

Station ID: 5

Line Items:

Case No	Tran Code	Description	Revenue Account No	Amount Paid
BUS04-10351	0010	Health/Food License	41010127-404138	100.00
BUS04-10354	0010	Health/Food License	41010127-404138	125.00
			Line Item Total:	**$225.00**

Payments:

Method	Payer	Bank No	Account No	Confirm No	How Received	Amount Paid
Cash					In Person	230.00
Change					In Person	(5.00)
					Payment Total:	**$225.00**

cReceipt.rp

EL PASO CITY-COUNTY HEALTH AND ENVIRONMENTAL DISTRICT
FOOD INSPECTION PROGRAM
222 SOUTH CAMPBELL STREET
- EL PASO, TEXAS 79901-2897

CITY OF EL PASO PAID 10/27/04 BUILDING PERMITS & INSPECTIONS

BU504-10351

FOOD ESTABLISHMENT APPLICATION

1. Name of Business/*Nombre del Negocio*: Chas
   Business Address/*Domicilio del Negocio*: 1069 Green Lilac
   City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598 6562
2. Mailing Address/*Domicilio Postal*: 1069 Green Lilac El Paso TX 79915

IF THE OWNER IS A CORPORATION, LIST THE CORPORATE NAME AS THE OWNER.
SI EL PROPIETARIO ES UNA CORPORACION, PONGA EL NOMBRE DE LA CORPORACION COMO EL PROPIETARIO.

3. Owner of Business/*Propietario del Negocio*: [redacted]
   Home Address/*Domicilio de Casa*: 1069 Green Lilac
   City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598 6562

List name, title, address, and phone number of all principal officers./*Ponga el nombre, titulo, domicilio y telefono de cada oficial principal.*

4. Manager-Person in Charge/*Gerente-Persona a Cargo*: David Esquivel
   Manager-Person-in-Charge's Address/*Domicilio del Gerente-Persona a Cargo*: 1069 Green Lilac
   City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598 6562
5. Water Source-System/*Sistema de Agua Potable*:
6. Public Sewer System/Sistema Publico de Drenaje: Yes / *Si* (No) / *No*
   If yes, name of company/*Nombre de la compañía*:
   On-site Sewage Disposal System/*Fosa Septica*: Yes / *Si* (No) / *No*
   If yes attach copy of approved license/Sujete un*a copia de su licencia aprobada.*
7. **FOR CHILD OR ADULT CARE FACILITY/**
   PARA LOCAL DONDE SE CUIDAN NINOS O ADULTOS.
   How many people will you be taking care of? N/A
   Cuantas personas va a cuidar?

NUMBERS 7-8-9 FOR TEMPORARY/RECURRENT/MOBILE PERMIT ONLY (RECURRENT NOT APPLICABLE IN COUNTY)
NUMEROS 7-8-9 UNICAMENTE PARA PERMISO TEMPORAL/RECURRENTE/MOVIL (RECURRENTE NO APLICA EN EL CONDADO)

8. Year/*Año*: 2002 Make/*Marca*: GMC Model/*Modelo*: Sierra 1500
   License Plate/*Placa*: 30XGWF State/*Estado*: TX Registration/*Registro*: 1A9SU16272E573112
9. Location(s) of Event/*Local del Evento*: Parks
   Date(s) of Operation/*Dia(s) de Operación*: during games M-Sunday Time/Horario: 6 pm - 9 pm
   Type(s) of Food/*Tipo de Alimento*: Roasted corn, Sodas
   I have been informed and received a copy of the requirements/*Ya me informaron y recibi una copia de los requisitos.*
   Acknowledged/Reconocio: Title/*Titulo*:
10. Central Preparation Facility/*Local Fijo De Preparación*:
    Address/*Domicilio*:

In accordance with Vernon's Texas Codes Annotated, Chapter 437 and 438 of the Texas Health and Safety Code, El Paso County Food Safety Order and/or Chapter 9.12 of the Municipal Code a food establishment application is hereby filed for approval. The information herein provided is accurate and correct. I hereby allow the Health/Regulatory Authority to inspect my premises, personnel, equipment, utensils, products and environs to ensure the above-mentioned laws; rules and ordinances are in compliance. I have been informed that permits, authorizations and licenses are not transferable from one person to another nor from one location to another, that plans must be submitted for new or extensively remodeled establishments and that no person shall operate a food establishment without meeting the above mentioned laws, rules and ordinances. I understand that any violation of the aforementioned laws, rules or ordinances is a misdemeanor punishable by said law.

Según Vernon's Códigos de Tejas Anotado, Capitulo 437 y 438 del Código de Seguridad y Salud de Tejas, Orden del Condado de El Paso de Salud y Seguridad de Alimento y/o el Capitulo 9.12 del Código Municipal de El Paso debo someter una aplicacion para que sea aprobada La información proveida es precisa y correcta. Yo autorizo el Departamento de Salud que inspecione mi local, personal, equipo, ustensilios, producto y los alrededores para asegurar que las leyes, reglas y ordenansas mencionadas están en cumplimiento Se me a informado que permisos, autorizaciones y licensias no son transferibles de una ubicación a otra, que planos deben de someterse para establecimientos alimentarios nuevos o extensivamente remodelados, y que ninguna persona operara un establecimiento alimentario sin primero haber cumplido con todas leyes, relgas y ordenansas mencionadas Yo comprendo que alguna violación de las leyes, reglas y ordenansas es un delito penable por dicha ley

11. Signature/*Firma*: David Esquivel Date/*Fecha*: 10-27-04
    Print Name/*Nombre en Letra de Molde* David F. Esquivel Title/*Titulo*: Owner
    Address/*Domicilio*: 1069 Green Lilac
    City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598 6562

FOR BUILDING SERVICES USE ONLY – ZONING APPROVAL STAMP	FOR HEALTH DISTRICT USE ONLY – APPROVAL STAMP
Mobile Vending ZONING SECTION 10/27/04	10/29/04 Date Signature

FOR HEALTH DISTRICT USE ONLY

I have inspected this food establishment, verified the information herein and recommend issuance of a permit/authorization.

Inspector Date

APPROVED:

Health/Regulatory Authority

Type of Establishment: Mobile unit

Permit/Authorization No: 7li04-00212

Issued:

Expires:

Section: 9.12.020 B

Restriction:

Receipt No: Fee: 100.00

No: 7li04-00212	Date: 10/29/04	Insp: Vand	Inputted:	Cleared:

INSTRUCTIONS

PLEASE PRINT LEGIBLY AND FILL IN ALL OF THE BLANKS (FORM WILL NOT BE ACCEPTED IF THERE ARE ANY BLANKS)

1 - FILL IN NAME OF BUSINESS, BUSINESS ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER.

2 - FILL IN MAILING ADDRESS - ADDRESS, CITY, STATE AND ZIP CODE.

3 - FILL IN OWNER OF BUSINESS, HOME ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER. IF OWNER IS A PARTNERSHIP, LIST ALL PARTNERS WITH THEIR RESPECTIVE ADDRESSES. IF OWNER IS A CORPORATION LIST THE CORPORATION'S NAME AND THEN LIST ALL PRINCIPAL OFFICERS WITH THEIR RESPECTIVE ADDRESSES IN THE SPACE PROVIDED (OR ON AN ADDITIONAL PIECE OF PAPER).

4 - FILL IN NAME OF ACTUAL BUSINESS SITE MANAGER/PERSON IN CHARGE, ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER.

5 - LIST NAME OF UTILITY WHICH IS SUPPLYING THE BUSINESS WITH ITS POTABLE WATER.

6 - MARK IF BUSINESS IS USING A PUBLIC SEWER SYSTEM AND PROVIDE NAME OF BUSINESS. IF NO PUBLIC SEWER SYSTEM IS BEING USED MARK IF ON-SITE SEWAGE DISPOSAL SYSTEM IS BEING USED.

7 - FILL IN THIS SPACE ONLY IF APPLYING FOR A CHILD OR ADULT CARE FACILITY.

8 - FILL IN THIS SPACE ONLY IF APPLYING FOR MOBILE UNIT OR RECURRENT PERMIT (RECURRENT NOT APPLICABLE IN COUNTY)

9 - FILL IN THIS SPACE ONLY IF APPLYING FOR TEMPORARY/RECURRENT/MOBILE UNIT PERMITS (RECURRENT NOT APPLICABLE IN COUNTY) DO NOT SIGN ACKNOWLEDGEMENT UNTIL AFTER YOU HAVE RECEIVED A COPY OF REQUIREMENTS FROM FOOD INSPECTION PROGRAM.

#10- FILL IN THIS SPACE ONLY IF OPERATING OUT OF A CENTRAL PREPARATION FACILITY. THE CENTRAL PREPARATION FACILITY AGREEMENT FORM WILL BE PROVIDED BY FOOD INSPECTION PROGRAM.

#11- READ INFORMATION PARAGRAPH AND THEN SIGN, DATE, PRINT NAME OF SIGNER, TITLE, ADDRESS, CITY, STATE, ZIP CODE AND PHONE NUMBER.CHARITABLE OR NONPROFIT ORGANIZATIONS WILL NEED TO PROVIDE PROOF OF SUCH AT THE TIME APPLICATION IS SUBMITTED TO FOOD INSPECTION PROGRAM. FOOD ESTABLISHMENT REQUIREMENT LISTS CAN BE OBTAINED AT THE FOOD INSPECTION PROGRAM OFFICE.

INSTRUCCIONES

LLENE LA FORMA EN LETRA DE MOLDE LEGIBLE. LA FORMA NO SE ACEPTARÁ SI ESTÁ INCOMPLETA (LLENE TODOS LOS ESPACIOS)

 # 1 - ESCRIBA EL NOMBRE DEL NEGOCIO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y NÚMERO DE TELÉFONO

 # 2 - ESCRIBA EL DOMICILIO POSTAL DEL NEGOCIO - DOMICILIO, CIUDAD, ESTADO Y ZONA POSTAL.

 # 3 - ESCRIBA EL NOMBRE DEL PROPIETARIO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y NÚMERO DEL TELEFONO. SI EL NEGOCIO ES UNA SOCIEDAD, MENCIONE TODOS LOS NOMBRES DE LOS SOCIOS CON SUS RESPECTIVOS DOMICILIOS. SI EL NEGOCIO ES UNA CORPORACIÓN, MENCIONE EL NOMBRE DE LA CORPORACIÓN Y LOS NOMBRES DE LOS OFICIALES PRINCIPALES CON SUS RESPECTIVOS DOMICILIOS EN EL ESPACIO PROVISTO O EN UNA HOJA ADICIONAL.

 # 4 - ESCRIBA EL NOMBRE DEL GERENTE/PERSONA A CARGO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y TELEFONO

 # 5 - ESCRIBA EL NOMBRE DE LA COMPAÑÍA QUE PROVEERÁ A SU NEGOCIO AGUA POTABLE.

 # 6 - MARQUE SI SU NEGOCIO ESTÁ UTILIZANDO UN SISTEMA PÚBLICO DE DRENAJE Y EL NOMBRE DE LA COMPAÑÍA QUE LO PROPORCIONA. SI NO EXISTE UN SISTEMA PÚBLICO DE DRENAJE, MARQUE SI UTILIZA SISTEMA SÉPTICA.

 # 7 - ESCRIBA EN ESTE ESPACION UNICAMENTE SI ESTA SOLICITANDO PERMISO PARA LOCAL DONDE SE CUIDAN NINOS O ADULTOS

 # 8 - ESCRIBA EN ESTE ESPACIO ÚNICAMENTE SI ESTÁ SOLICITANDO PERMISO PARA UNA UNIDAD MÓVIL O RECURRENTE (RECURRENTTE NO APLICA EN EL CONDADO)

 # 9 - ESCRIBA EN ESTE ESPACIO ÚNICAMENTE SI ESTÁ SOLICITANDO PERMISO TEMPORAL, PARA UNA UNIDAD MÓVIL O RECURRENTE (RECURRENTE NO APLICA EN EL CONDADO). NO FIRME DE ENTERADO HASTA QUE HAYA RECIBIDO UNA COPIA DE LOS REQUISITOS.

#10 - ESCRIBA EN ESTE ESPACIO ÚNICAMENTE SI ESTÁ OPERANDO DE UN LOCAL FIJO DE PREPARACION. NUESTRO DEPARTAMENTO PROVEERÁ LA FORMA PARA EL ACUERDO DE LOCAL FIJO DE PREPARCION.

#11 - LEA LA INFORMACIÓN DEL PÁRRAFO Y FIRME, ESCRIBA LA FECHA, NOMBRE EN LETRA DE MOLDE, TITULO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y TELEFONO.

ORGANIZACIONES DE BENEFICIENCIA (QUE NO SON PARA OBTENER GANANCIAS PERSONALES) NECESITAN COMPROBARLO AL MOMENTO DE SOMETER LA SOLICITUD AL PROGRAMA DE INSPECCION DE ALIMENTO. LA LISTA DE LOS REQUISITOS PARA LOS ESTABLECIMIENTOS DE ALIMENTOS SE PUEDEN OBTENER EN LA OFICINA DE INSPECCION DE ALIMENTO.

Tidemark Advantage [Gloria M. Herrera - GMH]

File Edit Options Window Help

Edit New Open Task List GBE GIS

Close Edit Project Group Add Close Parcel Activity People Fees Validation Conditions Case Notes Tags Documents GIS Close

Business License BUS04-10351 Status REC

Name: DAVID F ESQUIVEL Updated: 10/27/2004 EMC

Address: 1869 GREEN LILAC

Description: Master #: BUS04-10351 Project: NICHO'S

Mobile - unexposed
SIERRA GMC 2002 TRK - TRLR 1A9SU16272E573113

General
Business Details
Liquor Class Details
Food Estab Details

Agency Contact: EMC

Business Classification: Sole Proprietor/Vendor

Resident:

Type of Business:

State Tax ID:

Local Permit #: PENDING

Assumed Name: NICHO'S

Home-Based:

Non-Profit:

Dates

Received: 10/27/2004

Issued:

Expiration:

Close current window

12/3/2004
12:33PM

Payment History For

Case #: BUS04-10351

1069 GREEN LILAC

Type	Fee ID #	Description	Fees	Paid	Date Paid	Check #	Receipt #	Recorded By	Due History
LCHF	41010127-404138	Health/Food License	100.00	100.00	10/27/200		5200400000000000756	EMC	0.00

Total Fees: $100.00 **Paid:** $100.00 **TOTAL REMAINING DUE:** **$0.00**

CITY OF EL PASO

BUILDING PERMITS AND INSPECTIONS DEPARTMENT

REFUND REQUEST FORM

☑ Individual ☐ Company ☐ Other

NAME: David Esquivel

ADDRESS: 1069 Green Lilac

CITY El Paso STATE TX ZIP CODE 79915

TELEPHONE # (915) 598-6562

Please complete the following if a company, corporation, etc. is requesting the refund:

CONTACT NAME: David Esquivel

TITLE: Owner

TELEPHONE # (915) 598-6562 FAX # ( )

FIN (FEDERAL ID #)

REASON FOR REQUEST: Could not get my Health permit.

SIGNATURE OF RECIPIENT: David F Esquivel DATE: 12-3-04

DO NOT WRITE BELOW THIS LINE, TO BE COMPLETED BY BUILDING PERMITS AND INSPECTIONS DEPARTMENT

VENDOR #

DEPARTMENT ID # ACCOUNT #

FUND # CLASS #

VOUCHER #

REQUESTED BY PHONE #: DATE:

APPROVED BY: DATE:

Building Permits and Inspections Director

Receipt #: 5200400000000000756

Date: 10/27/2004

Station ID: 5

Line Items:

Case No	Tran Code	Description	Revenue Account No	Amount Paid
BUS04-10351	0010	Health/Food License	41010127-404138	100.00
BUS04-10354	0010	Health/Food License	41010127-404138	125.00
			Line Item Total:	**$225.00**

Payments:

Method	Payer	Bank No	Account No	Confirm No	How Received	Amount Paid
Cash					In Person	230.00
Change					In Person	(5.00)
					Payment Total:	**$225.00**

EL PASO CITY-COUNTY HEALTH AND ENVIRONMENTAL DISTRICT
FOOD INSPECTION PROGRAM
222 SOUTH CAMPBELL STREET
- EL PASO, TEXAS 79901-2897

CITY OF EL PASO PAID 10/27/04 BUILDING PERMITS & INSPECTIONS

BUS04-10351

FOOD ESTABLISHMENT APPLICATION

1. Name of Business/*Nombre del Negocio*: Chas
Business Address/*Domicilio del Negocio*: 1069 Green Lilac
City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598 6562

2. Mailing Address/*Domicilio Postal*: 1069 Green Lilac El Paso TX 79915

IF THE OWNER IS A CORPORATION, LIST THE CORPORATE NAME AS THE OWNER.
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3. Owner of Business/*Propietario del Negocio*: David F. Esquivel
Home Address/*Domicilio de Casa*: 1069 Green Lilac
City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598-6562

List name, title, address, and phone number of all principal officers./*Ponga el nombre, titulo, domicilio y telefono de cada oficial principal.*

4. Manager-Person in Charge/*Gerente-Persona a Cargo*: David Esquivel
Manager-Person-in-Charge's Address/*Domicilio del Gerente-Persona a Cargo*: 1069 Green Lilac
City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598-6562

5. Water Source-System/*Sistema de Agua Potable*:

6. Public Sewer System/Sistema Publico de Drenaje: Yes / *Si* (No) / *No*
If yes, name of company/*Nombre de la compañía*:
On-site Sewage Disposal System/*Fosa Septica*: Yes / *Si* (No) / *No*
If yes attach copy of approved license/Sujete una *copia de su licencia aprobada*.

7. **FOR CHILD OR ADULT CARE FACILITY/**
PARA LOCAL DONDE SE CUIDAN NINOS O ADULTOS.
How many people will you be taking care of? N/A
Cuantas personas va a cuidar?

NUMBERS 7-8-9 FOR TEMPORARY/RECURRENT/MOBILE PERMIT ONLY (RECURRENT NOT APPLICABLE IN COUNTY)
NUMEROS 7-8-9 UNICAMENTE PARA PERMISO TEMPORAL/RECURRENTE/MOVIL (RECURRENTE NO APLICA EN EL CONDADO)

8. Year/*Año*: 2002 Make/*Marca*: GMC Model/*Modelo*: Sierra 1500
License Plate/*Placa*: 30XGWF State/*Estado*: TX Registration/*Registro*: 1A9SU16272E57311

9. Location(s) of Event/*Local del Evento*: Parks
Date(s) of Operation/*Dia(s) de Operación*: during games M-Sunday Time/Horario: 6 pm - 9 pm
Type(s) of Food/*Tipo de Alimento*: Roasted corn, Sodas
I have been informed and received a copy of the requirements/*Ya me informaron y recibi una copia de los requisitos*
Acknowledged/Reconocio: Title/*Titulo*:

10. Central Preparation Facility/*Local Fijo De Preparación*:
Address/*Domicilio*:

In accordance with Vernon's Texas Codes Annotated, Chapter 437 and 438 of the Texas Health and Safety Code, El Paso County Food Safety Order and/or Chapter 9.12 of the Municipal Code a food establishment application is hereby filed for approval. The information herein provided is accurate and correct. I hereby allow the Health/Regulatory Authority to inspect my premises, personnel, equipment, utensils, products and environs to ensure the above-mentioned laws, rules and ordinances are in compliance. I have been informed that permits, authorizations and licenses are not transferable from one person to another nor from one location to another, that plans must be submitted for new or extensively remodeled establishments and that no person shall operate a food establishment without meeting the above mentioned laws, rules and ordinances. I understand that any violation of the aforementioned laws, rules or ordinances is a misdemeanor punishable by said law.

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11. Signature/*Firma*: David F Esquivel Date/*Fecha*: 10-27-04
Print Name/*Nombre en Letra de Molde*: David F. Esquivel Title/*Titulo*: Owner
Address/*Domicilio*: 1069 Green Lilac
City/*Ciudad*: El Paso State/*Estado*: TX Zip Code/*Zona Postal*: 79915 Phone/*Telefono*: 598-6562

FOR BUILDING SERVICES USE ONLY – ZONING APPROVAL STAMP	FOR HEALTH DISTRICT USE ONLY – APPROVAL STAMP
Mobile Vending ZONING SECTION 10/27/04	10/29/04 Date Signature

FOR HEALTH DISTRICT USE ONLY

I have inspected this food establishment, verified the information herein and recommend issuance of a permit/authorization.

Inspector Date

APPROVED:

Health/Regulatory Authority

Type of Establishment: Mobile unit

Permit/Authorization No: 7l104-00212

Issued:

Expires:

Section: 9.12.020 B

Restriction:

Receipt No: Fee: 100.00

No: 7l104-00212	Date: 10/29/04	Insp: Varel	Inputted:	Cleared:

INSTRUCTIONS

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5 - LIST NAME OF UTILITY WHICH IS SUPPLYING THE BUSINESS WITH ITS POTABLE WATER.

6 - MARK IF BUSINESS IS USING A PUBLIC SEWER SYSTEM AND PROVIDE NAME OF BUSINESS. IF NO PUBLIC SEWER SYSTEM IS BEING USED MARK IF ON-SITE SEWAGE DISPOSAL SYSTEM IS BEING USED.

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INSTRUCCIONES

LLENE LA FORMA EN LETRA DE MOLDE LEGIBLE. LA FORMA NO SE ACEPTARÁ SI ESTÁ INCOMPLETA. (LLENE TODOS LOS ESPACIOS)

 # 1 - ESCRIBA EL NOMBRE DEL NEGOCIO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y NÚMERO DE TELÉFONO

 # 2 - ESCRIBA EL DOMICILIO POSTAL DEL NEGOCIO - DOMICILIO, CIUDAD, ESTADO Y ZONA POSTAL.

 # 3 - ESCRIBA EL NOMBRE DEL PROPIETARIO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y NÚMERO DEL TELEFONO. SI EL NEGOCIO ES UNA SOCIEDAD, MENCIONE TODOS LOS NOMBRES DE LOS SOCIOS CON SUS RESPECTIVOS DOMICILIOS. SI EL NEGOCIO ES UNA CORPORACIÓN, MENCIONE EL NOMBRE DE LA CORPORACIÓN Y LOS NOMBRES DE LOS OFICIALES PRINCIPALES CON SUS RESPECTIVOS DOMICILIOS EN EL ESPACIO PROVISTO O EN UNA HOJA ADICIONAL.

 # 4 - ESCRIBA EL NOMBRE DEL GERENTE/PERSONA A CARGO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y TELEFONO.

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 # 6 - MARQUE SI SU NEGOCIO ESTÁ UTILIZANDO UN SISTEMA PÚBLICO DE DRENAJE Y EL NOMBRE DE LA COMPAÑÍA QUE LO PROPORCIONA. SI NO EXISTE UN SISTEMA PÚBLICO DE DRENAJE, MARQUE SI UTILIZA SISTEMA SÉPTICA.

 # 7 - ESCRIBA EN ESTE ESPACION UNICAMENTE SI ESTA SOLICITANDO PERMISO PARA LOCAL DONDE SE CUIDAN NINOS O ADULTOS.

 # 8 - ESCRIBA EN ESTE ESPACIO ÚNICAMENTE SI ESTÁ SOLICITANDO PERMISO PARA UNA UNIDAD MÓVIL O RECURRENTE (RECURRENTTE NO APLICA EN EL CONDADO).

 # 9 - ESCRIBA EN ESTE ESPACIO ÚNICAMENTE SI ESTÁ SOLICITANDO PERMISO TEMPORAL, PARA UNA UNIDAD MÓVIL O RECURRENTE (RECURRENTE NO APLICA EN EL CONDADO). NO FIRME DE ENTERADO HASTA QUE HAYA RECIBIDO UNA COPIA DE LOS REQUISITOS.

#10 - ESCRIBA EN ESTE ESPACIO ÚNICAMENTE SI ESTÁ OPERANDO DE UN LOCAL FIJO DE PREPARACION. NUESTRO DEPÁRTAMENTO PROVEERÁ LA FORMA PARA EL ACUERDO DE LOCAL FIJO DE PREPARCION.

#11 - LEA LA INFORMACIÓN DEL PÁRRAFO Y FIRME, ESCRIBA LA FECHA, NOMBRE EN LETRA DE MOLDE, TITULO, DOMICILIO, CIUDAD, ESTADO, ZONA POSTAL Y TELEFONO.

ORGANIZACIONES DE BENEFICIENCIA (QUE NO SON PARA OBTENER GANANCIAS PERSONALES) NECESITAN COMPROBARLO AL MOMENTO DE SOMETER LA SOLICITUD AL PROGRAMA DE INSPECCION DE ALIMENTO. LA LISTA DE LOS REQUISITOS PARA LOS ESTABLECIMIENTOS DE ALIMENTOS SE PUEDEN OBTENER EN LA OFICINA DE INSPECCION DE ALIMENTO.

Tidemark Advantage [Gloria M. Herrera - GMH]

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Business License - BUS04-10351 Status REC

Name: DAVID F ESQUIVEL Updated: 10/27/2004 EMC

Address: 1069 GREEN LILAC

Description: Master # BUS04-10351 Project: NICHO'S

Mobile - unexposed
SIERRA GMC 2002 TRK - TRLR 1A9SU16272E573113

General

Business Details

Liquor Class Details

Food Estab Details

Agency Contact: EMC

Business Classification: Sole Proprietor/Vendor

Resident:

Type of Business:

State Tax ID:

Local Permit #: PENDING

Assumed Name: NICHO'S

Home-Based:

Non-Profit:

Dates

Received: 10/27/2004

Issued:

Expiration:

Close current window

12/3/2004
12:33PM

Payment History For

Case #: BUS04-10351

1069 GREEN LILAC

Type	Fee ID #	Description	Fees	Paid	Date Paid	Check #	Receipt #	Recorded By	Due History
LCHF	41010127-404138	Health/Food License	100.00	100.00	10/27/200		5200400000000000756	EMC	0.00

Total Fees: $100.00 **Paid:** $100.00 **TOTAL REMAINING DUE:** **$0.00**