

SISKIYOU COUNTY COMMUNITY DEVELOPMENT
806 S. Main St., Yreka, CA 96097
APPLICATION FOR PERMIT

Name of Business _____ Phone _____

Facility Address _____

Owner/Operator Name _____ Phone _____

Billing Address _____

Facility Type _____ Sq. Feet _____ Seating Capacity _____

Hereby makes application for a permit to conduct a _____
in accordance with laws, regulations, and ordinances that are now or may hereafter be in force by
the State of California, and or the Siskiyou County Environmental Health Division pertaining to the
above mentioned business.

Applicant Signature _____ Date _____

For Office Use Only

Authorized By _____ Fee Category _____ Date Issued _____