



**Public Health**  
Environmental Health Services

### RETAIL FOOD PROTECTION - OFFICIAL INSPECTION REPORT

FACILITY NAME <b>KICKS SPORTS PUB</b>				REINSPECTION DATE <b>Not Specified</b>	INSPECTOR <b>Virginia McDonald</b>	DATE <b>2/12/2019</b>
LOCATION <b>16788 ARROW BL, FONTANA, CA 92335</b>				PERMIT EXPIRATION <b>11/30/2016</b>	IDENTIFIER: None	
TIME IN <b>5:54 PM</b>	TIME OUT <b>6:16 PM</b>	FACILITY ID <b>FA0009736</b>	RELATED ID <b>PR0009782</b>	PE <b>1621</b>	SERVICE: 112 - INVESTIGATION - LICENSE / PERMIT RESULT: 05 - CORRECTIVE ACTION / FOLLOW UP REQU ACTION: 03 - REINSPECTION REQUIRED	

### RETAIL FOOD PROTECTION - Public Eating PI (25-99 Seats)

Based on an inspection this day, the items marked below identify the violation(s) in operation or facilities which must be corrected. Failure to correct listed violation(s) prior to the designated compliance date may necessitate an additional inspection to be billed at the hourly rate as provided in the San Bernardino County Code, [Schedule of Fees](#).

Administrative Order to Show Cause (OSC): The Permittee has the right to a hearing if requested in writing within 15 calendar days of receipt of this notice, to show cause why the permit to operate should not be suspended or revoked; otherwise the right to a hearing shall be deemed waived.

See the following pages for the code sections and general requirements that correspond to each violation listed below.

#### 16K991 Permit Investigation

Compliance Date: Not Specified

Not In Compliance

Reference - HSC

**Inspector Comments:** A permit investigation was conducted on this date to provide the facility's owner with the necessary documentation to obtain a valid health permit.

On the last routine inspection, conducted on 12/12/18, the facility was noted to have a different name ("The Fifth") than was noted on this report ("Kicks Sports Pub"). The owners indicated a change of ownership had taken place. A Transfer of Ownership form was given to the owners at that time, however, the form has not been completed and sent to Environmental Health Services as of this date.

The Transfer of Ownership form must be submitted and applicable fees must be paid by 72 hours from this date to avoid the closure of this facility.

The Transfer of Ownership form was again provided on this date. Provide the completed application and the applicable fee to this department by 2/15/19 to avoid facility closure and/or other potential legal action.

**Description:** Obtain a valid health permit within 3 days or as specified to avoid facility closure and/or other possible legal action.

#### Overall Inspection Comments

The transfer of ownership form was provided to the manager.

#### Signature(s) of Acknowledgement

NAME: Yvonne Zuvia  
TITLE: Manager

Total # of Images: 0