



# Mariposa County Environmental Health



Public Health  
Prevent. Promote. Protect.

5100 Bullion Street  
Post Office Box 5  
Mariposa, California 95338  
(209) 966-2220 FAX (209) 966-8248

## “Special Events” Food Facility Application for Permit to Operate

**Each Booth/Facility, etc., Must Have a Separate Application**

Name of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Dates of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

# of Booths/Facilities: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Have you participated in this event in previous years? YES NO If yes, state years: \_\_\_\_\_

Do you have a current annual Mariposa County Food Permit? YES NO

Check to indicate you have received and understand “Guidelines for Temporary Food Facilities”  
If yes, you may be exempt from “Special Event” fees

Business Name: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate which type of permit you are applying for and include the appropriate fee with the application

\$211.50 Unlimited Annual Events

\$84.75 Per Event “For Profit”

\$00.00 Qualified U.S. Veteran

\$42.00 Per Event “For Non-Profit”

If you are applying for a Veteran’s exemption, please submit a legible copy of your DD214 plus the attached fee exemption form with this application.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Please Print

### **FOOD/DRINKS TO BE SERVED:**

#### **Office Use Only**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt : \_\_\_\_\_

OW: \_\_\_\_\_ FA: \_\_\_\_\_ PR: \_\_\_\_\_ TE: \_\_\_\_\_ BO: \_\_\_\_\_ Booth# \_\_\_\_\_