



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

FOOD FACILITY PERMIT

OWNER/OPERATOR INFORMATION:

Owner/Operator Name: _____
Home Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Phone: () _____ Ext. _____ Email: _____

FACILITY INFORMATION:

APN: _____ - _____ - _____

Business Name: _____
Business Address: _____ City: _____ ST: _____ Zip: _____
Mailing Address: _____ City: _____ ST: _____ Zip: _____
Business Phone: () _____ Email: _____
Manager or Person in Charge: _____ Contact Phone: () _____

BILLING INFORMATION (IF APPLICABLE):

Account Name: _____ Care of: _____
Account Address: _____ City: _____ ST: _____ Zip: _____
Phone: () _____ Mail Permits To: OWNER/OPERATOR FACILITY ACCOUNT RECEIVABLE

POTABLE AND WASTE WATER:

Water Source: PUBLIC PRIVATE Sewer: PUBLIC PRIVATE

FOOD FACILITY OPERATIONS:

Meals to Be Served: Breakfast Lunch Dinner Other: _____
Type of Service(s): Onsite Consumption Catering Take Out/Delivery Commissary (for Mobiles)
Days & Hours of Operation: _____
Number of Seats: _____

FOOD FACILITY VEHICLE INFORMATION (Mobile Food Facilities ONLY):

Vehicle License Plate Number: _____ VIN#: _____

CHANGE OF OWNERSHIP/OPERATOR (ONLY):

Date of ownership change: _____ (Provide copy of food menu)

Will there be alcohol sold and or served? Yes No

Will there be a change in operation? Yes No

If yes, explain new operation: _____

Will there be any remodeling? Yes No

If yes, construction plans, plan check application and fees shall be submitted.

Will any of the equipment be changed or moved? Yes No

If yes, submit a list of new equipment(s) or equipment(s) to be moved and plot plan.

Food Processes

Identify the type of food facility operation being proposed (i.e. Market, Restaurant, Bakery, Bar Coffee Shop, Mobile, etc.):

To determine equipment and refrigeration needs, identify below the type of food preparation to take place at the food facility (i.e. All food on-site is stored/displayed sold in prepackaged state, food preparation occurs, unpackaged beverages):

| Food Item Prepared | Food Operation |
|--|---|
| Meat/meat dishes | Refrigeration/Freezing of foods |
| Fish/fish dishes | Cooking of foods |
| Poultry/poultry dishes | Reheating foods which have been prepared on site |
| Shellfish | Holding hot foods for more than 30 minutes |
| Rice, beans and/or cheese dishes | Cooling foods after they have been cooked or reheated |
| Baked foods | Preparing foods for next day service |
| Soups/Stews/Gravies | Washing produce |
| Sandwiches/Salads/Pastas | Washing meat, fish, poultry, shellfish |
| Barbecue | Raw or undercooked foods (Sushi, Poki, wellness) |
| NO FOOD PREPARATION WILL TAKE PLACE | Other: Special Processes (ROP, Cook-chill, Sous-vide, Dehydrating, etc.) |

BILLING AND COMPLIANCE ACKNOWLEDGEMENT:

I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I also certify that all operations will be performed in accordance with all applicable Mariposa County Ordinance Codes and/or Standards and State and/or Federal Laws. I understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, the closure of a business, any change in equipment, facility, or menu-items, I will notify this Division in writing within **10 business days** before any changes occur.

Failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/ operator is subject to facility closure and/or penalties.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

DIVISION USE ONLY

RECEIVED BY: _____ DATE: _____

OW: _____

FA: _____

PR: _____

PE: _____

COMMENTS: _____
