



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 APPLICATION

New or Existing Food Facility: Owners/operators must pay an Annual Permit fee to Operate, based on the type of facility, (valid from January 1 – December 31), a \$168.00 Plan Check fee for the first hour to accompany floor plans will be required for any new facility or any existing facility doing a remodel. Any additional time spent for plan check will be invoiced accordingly.

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: () _____

POTABLE AND WASTEWATER:

Water Source: PUBLIC PRIVATE Sewer: PUBLIC PRIVATE

FOOD FACILITY OPERATIONS:

Nature of Establishment _____

(Restaurant; Market; Deli; Bar; Mobile truck or Cart; Camp; School; B&B Full Service; B&B Pre-Packaged, Etc.)

Days & Hours of Operation: _____

Will Establishment Offer On-premises Dining? Yes No 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, Poke, 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

PLANNING DEPARTMENT APPROVAL: _____ DATE: _____

BUILDING DEPARTMENT APPROVAL: _____ DATE: _____

HEALTH DEPARTMENT APPROVAL: _____ DATE: _____

COMMENTS: _____

FOR OFFICE USE ONLY:	<input type="checkbox"/> AMOUNT PAID \$ _____ OW #: _____ FA #: _____ <input type="checkbox"/> EXEMPT _____ PR #: _____ PE #: _____
----------------------	--