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:

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):

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

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:

☐ AMOUNT PAID $________  OW #: __________  FA #: __________

☐ EXEMPT __________  PR #: __________  PE #: __________

V 4 07.07.21