



# Mariposa County Health Department

Eric Sergienko, MD, MPH, Director

Community Health Section  
5085 Bullion Street  
Post Office Box 5  
Mariposa, California 95338  
(209) 966-3689 FAX (209) 966-4929

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



**Public Health**  
Prevent. Promote. Protect.

## Food/Bar Facility Permit to Operate 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 \$114.00 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.**

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

Business Address: \_\_\_\_\_

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

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

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

Telephone: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Nature of Establishment: \_\_\_\_\_  
(Restaurant; Market; Deli; Bar; Mobile Cart; Camp; School; B&B Full Service; B&B Pre-Packaged, Etc.)

Number of Employees: \_\_\_\_\_ Seasonal or Full Time \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Health Dept. Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Dept. Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: ANNUAL PERMIT EXPIRES DECEMBER 31 PERMIT RENEWAL FEES ARE DUE BY JANUARY 1**

<b>Date Paid:</b> _____	<b>Receipt #</b> _____	<b>Check #</b> _____	<b>Cash</b> _____
<b>Received by</b> _____			



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