



**DEPARTMENT OF PUBLIC HEALTH**  
**Division of Environmental Health**

260 East 15th Street  
 Merced, CA 95341  
 (209) 381-1100  
 (209) 384-1593 (FAX)  
<http://www.countyofmerced.com/eh>  
*Equal Opportunity Employer*

**Health Permit Application / Data Entry Form**

<b>Business Owner Information</b>	Owner Name (DBA)			
	Physical Address	Street:		
		City:	State:	Zip Code:
	Mailing Address	Street / PO Box:		
		Attn:	City:	State:
	Phone Number:			Ext:
	Fax:			
Email:				
Have you had any Facility permitted by Merced County Environmental Health before?		Yes	No	
<b>Business Information</b>	Business Name (as shown on facility)			
	Physical Address	Street:		
		City:	State:	Zip Code:
	Mailing Address	Street / PO Box:		
		Attn:	City:	State:
	Phone Number:			Ext:
	Fax:			
Email:				
<b>1<sup>st</sup> Contact</b>	Name:			
	Title:			
	Phone Number (day):			Ext:
	Phone Number (night):			Ext:
<b>2<sup>nd</sup> Contact</b>	Name:			
	Title:			
	Phone Number (day):			Ext:
	Phone Number (night):			Ext:
Please check all that apply to your business and attach applicable forms:				
<b>Food</b>	<b>Recreation</b>	<b>CUPA</b>	<b>Other</b>	
<input type="checkbox"/> Food Service <input type="checkbox"/> Market <input type="checkbox"/> Bakery <input type="checkbox"/> Food Storage Warehouse <input type="checkbox"/> Mobile Food Facility <input type="checkbox"/> Vending Machine <input type="checkbox"/> Commissary <input type="checkbox"/> Other: _____	<input type="checkbox"/> Public Pool <input type="checkbox"/> Public Spa <input type="checkbox"/> Public Wading Pool <input type="checkbox"/> Body Art	<input type="checkbox"/> Underground Storage Tank (UST) <input type="checkbox"/> Above Storage Tank (AST) <input type="checkbox"/> Medical Waste Generator <input type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> Hazardous Waste Storage <input type="checkbox"/> Cal ARP	<input type="checkbox"/> Septic Pumper Truck <input type="checkbox"/> State Small Water System	
Please attach the following additional forms:				
<input type="checkbox"/> Business License/Application	<input type="checkbox"/> Proof of Ownership (i.e. Lease, Title, etc)	<input type="checkbox"/> <b>Other agency approval (per program type)</b>	<b>Intended to be blank</b>	
Owner Signature:			Date:	
<b>For Office Use Only</b>				
OW:	Comments:		Date Received	
AR:				
FA:				
PE(s):	Entered By:	Entered Date:		
E.H. Specialist Signature:			Date:	

Health Permit of Operation issued under the provisions of this ordinance shall not be transferred, assigned, or set over by the Permit to any other person except by approval of the Health Officer upon application and payment of a transfer fee. All Health Permits of Operation issued under the provisions of this ordinance shall refer to and be limited to the establishment, business, or activity applied for. If such establishment, business, or activity is conducted upon a particular site, location, address or from a particular vehicle, such Permit shall not be transferable to any other site, location, address or vehicle. (Ord. 1065, 1982). Current health fees can be found at the following link: <http://www.co.merced.ca.us/1740/Fee-Schedule>



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**Health Permit Application / Data Entry Form** cont.

Attach this form for additional Owners.

<b>Business Owner Information</b>	Co-Owner Name			
	Physical Address	Street:		
		City:	State:	Zip Code:
	Mailing Address	Street / PO Box:		
		Attn:		
		City:	State:	Zip Code:
	Phone Number:			Ext:
	Fax:			
Email:				
Have you had any Facility permitted by Merced County Environmental Health before?		Yes	No	
Owner Signature:		Date:		

  

<b>Business Owner Information</b>	Co-Owner Name			
	Physical Address	Street:		
		City:	State:	Zip Code:
	Mailing Address	Street / PO Box:		
		Attn:		
		City:	State:	Zip Code:
	Phone Number:			Ext:
	Fax:			
Email:				
Have you had any Facility permitted by Merced County Environmental Health before?		Yes	No	
Owner Signature:		Date:		

Attach the following forms or complete the following that apply to your business

Body Art	Body Art Practitioner Annual Registration <a href="http://www.co.merced.ca.us/DocumentCenter/View/17798/Annual-Registration-Form-Revised-110818">http://www.co.merced.ca.us/DocumentCenter/View/17798/Annual-Registration-Form-Revised-110818</a> Hepatitis B Vaccine Statement of Declination / Completion <a href="http://www.co.merced.ca.us/DocumentCenter/View/17842/HEPATITIS-B-VACCINE-013118?bidId=">http://www.co.merced.ca.us/DocumentCenter/View/17842/HEPATITIS-B-VACCINE-013118?bidId=</a>
Mobile Food Facility	Commissary Approval Form <a href="http://www.co.merced.ca.us/DocumentCenter/View/4520/2011-Commissary-Approval-Form-English-Spanish-For?bidId=">http://www.co.merced.ca.us/DocumentCenter/View/4520/2011-Commissary-Approval-Form-English-Spanish-For?bidId=</a> Mobile Food Preparation Unit Operational Statement (for full-service mobile unit only) <a href="http://www.co.merced.ca.us/DocumentCenter/View/4522/Operational-Statement-MFPU-071511-PROTECTED?bidId=">http://www.co.merced.ca.us/DocumentCenter/View/4522/Operational-Statement-MFPU-071511-PROTECTED?bidId=</a>
Medical Waste Generator	Small Quantity Generator Registration (less than 200 pounds of medical waste per month, in any month of the year) <a href="http://www.co.merced.ca.us/DocumentCenter/View/17449/Small-Quantity-Generator-Reg-Form-082817?bidId=">http://www.co.merced.ca.us/DocumentCenter/View/17449/Small-Quantity-Generator-Reg-Form-082817?bidId=</a> or Medical Waste Generator Registration <a href="http://www.co.merced.ca.us/DocumentCenter/View/17450/Medical-Waste-Generator-Reg-Application-082817?bidId=">http://www.co.merced.ca.us/DocumentCenter/View/17450/Medical-Waste-Generator-Reg-Application-082817?bidId=</a>  Medical Waste Management Plan <a href="http://www.co.merced.ca.us/DocumentCenter/View/17451/Medical-Waste-Management-Plan-090517?bidId=">http://www.co.merced.ca.us/DocumentCenter/View/17451/Medical-Waste-Management-Plan-090517?bidId=</a>
CUPA	Complete the California Environmental Reporting System (CERS) Step by step guide <a href="http://www.co.merced.ca.us/DocumentCenter/View/12813/CERS-Step-by-Step-Users-Guide?bidId=">http://www.co.merced.ca.us/DocumentCenter/View/12813/CERS-Step-by-Step-Users-Guide?bidId=</a> Create CERS account <a href="https://cers.calepa.ca.gov/">https://cers.calepa.ca.gov/</a>
Septic Pumper	Planning / Zoning approval for Septic Pumping Truck if parking at home

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