



COMMUNITY AND ECONOMIC
DEVELOPMENT DEPARTMENT
Division of Environmental Health

2222 "M" Street
Merced, CA 95340
(209) 381-1100
(209) 384-1593 (FAX)
<http://www.countyofmerced.com/eh>
Equal Opportunity Employer

Health Permit Application / Data Entry Form

☐ New application ☐ Change of Ownership ☐ Contact Update					
Business Owner Information	Owner or Corporation Name				
	Physical Address		Street:		
			City:	State:	Zip Code:
	Mailing / Billing Address		Street / PO Box:		
			Attn:		
	☐ Same as above		City:	State:	Zip Code:
	Phone Number:		Ext:	Fax:	
	Email:				
Have you had any Facility permitted by Merced County Environmental Health before? ☐ Yes ☐ No					
☐ Mark this checkbox if there are additional owners and complete / submit Attachment A with the application.					
Business Information	Business Name (as shown on site)				
	Physical Address		Street:		
			City:	State:	Zip Code:
	Mailing / Billing Address		Street / PO Box:		
			Attn:		
	☐ Same as above		City:	State:	Zip Code:
	Phone Number:		Ext:	Fax:	
	Email:				
Mark all program categories below that apply to your business. For categories with an asterisk (*), submit the required forms listed on Page 2.					
☐ Mark this checkbox and complete / submit Attachment B if any program category has a specific contact person(s) at your business.					
Food		Recreational Health	CUPA*	Land and Water	
☐ Food Service		☐ Public Pool/Spa	☐ Underground Storage Tank (UST)*	☐ Septic Pumper Truck*	
☐ Bar		☐ Public Spray Ground	☐ Aboveground Storage Tank (AST)*	☐ State Small Water System	
☐ Market		☐ Medical Pool	☐ Medical Waste Generator*	☐ Solid Waste Facility	
☐ Bakery		☐ Camp	☐ Hazardous Waste Generator*	☐ Biosolids/Sludge	
☐ Commissary		☐ Body Art Facility (example: <i>tattoo parlor</i>)*	☐ Hazardous Material Storage*	☐ Ag. Wastes	
☐ Mobile Food Facility (MFF)*		☐ Body Art Practitioner (example: <i>tattoo artist</i>)*	☐ California Accidental Release Prevention (Cal-ARP)*	☐ Other: _____	
☐ Vending Machine		☐ Other: _____			
☐ Cottage Food Operation					
☐ Other: _____				☐ Organic Waste Diversion	
☐ If applicable, submit a copy of the corporation registration from the Secretary of State (https://bizfileonline.sos.ca.gov/search/business).					
I, _____ (print name), am the business owner or am otherwise authorized to submit this application for a health permit to operate. I attest under penalty of perjury that the information provided is true and accurate to the best of my knowledge.					
Please read and initial the following:					
____ I attest that I am the property owner of the above-identified location or that I have the property owner's permission to utilize said location for the proposed business operation being applied for.					
____ I understand and acknowledge that health permit approvals are contingent on payment of applicable fees and the approvals of other County departments, including but not limited to Planning, Zoning, Fire, Business Licensing, and / or other government entities with regulatory jurisdiction applicable to my business type.					
Signature		Title		Date	



**COMMUNITY AND ECONOMIC
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Additional Required Forms List

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Submit the forms listed in the program category that you are applying for. The link will take you to the county webpage where you can find copies of the form. You may request for physical copies of the forms from our office located on the second floor of 2222 "M" Street in Merced.

Body Art	Body Art Merced County, CA - Official Website (countyofmerced.com) • Body Art Practitioner Annual Registration Form & Declination • Bloodborne Pathogen Training • Infection Prevention Control Plan forms (You may use the Disposable <u>or</u> Reusable templates) If you plan to operate a <u>Mobile Body Art</u> facility, you will also need to submit • Planning / Zoning approval for parking / operating locations for Mobile Body Art facilities
Cottage Food Operations (CFO)	Applications, Forms, & Permits Merced County, CA - Official Website (countyofmerced.com) • Cottage Food Operation Application • Self Certification Checklist
CUPA CUPA & Hazardous Materials / Waste Information Merced County, CA - Official Website (countyofmerced.com)	Complete the California Environmental Reporting System (CERS) Step by step guide: https://www.countyofmerced.com/DocumentCenter/View/31011/California-Environmental-Reporting-System-CERS-Step-by-Step-User-Guide-?bidId= Create CERS account: https://cers.calepa.ca.gov/
Mobile Food Facility (MFF)	Applications, Forms, & Permits Merced County, CA - Official Website (countyofmerced.com) • Commissary Approval Form • Restroom Access Permission for MFF employees • Mobile Food Preparation Unit Operational Statement (for full-service mobile units only i.e. hot lunch truck/trailer) • Planning / Zoning approval for semi-permanent parking and operating locations (when applicable)
Medical Waste Generator	Medical Waste Merced County, CA - Official Website (countyofmerced.com) • Medical Waste Generator Registration Application • Medical Waste Management Plan
Septic Pumper	• Planning / Zoning approval for Septic Pumping Truck if parking at home

For Office Use Only			
OW:	AR:	FA:	PE(s):
Comments:		Financials:	
		Prorate:	
		Add'l Billable Hours:	
Entered By:		Entered Date:	
E.H. Specialist Signature:			Date:



**COMMUNITY AND ECONOMIC
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Attachment A

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Additional Owner(s) to go with the Health Permit Application / Data Entry Form

Business Name (as shown on Application)			
Physical Address	Street:		
	City:	State:	Zip Code:

Business Owner Information	Owner or Corporation Name			
	Physical Address	Street:		
		City:	State:	Zip Code:
	Mailing Address (if different)	Street / PO Box:		
		Attn:		
	☐ Same as above	City:	State:	Zip Code:
	Phone Number:	Ext:	Fax:	
	Email:			
Have you had any Facility permitted by Merced County Environmental Health before? ☐ Yes ☐ No				

I _____ (print name) am a business owner or an authorized person associated with the business identified above. I attest under penalty of perjury that the information provided in this application is true and accurate to the best of my knowledge.

Signature Title Date

Business Owner Information	Owner or Corporation Name			
	Physical Address	Street:		
		City:	State:	Zip Code:
	Mailing Address (if different)	Street / PO Box:		
		Attn:		
	☐ Same as above	City:	State:	Zip Code:
	Phone Number:	Ext:	Fax:	
	Email:			
Have you had any Facility permitted by Merced County Environmental Health before? ☐ Yes ☐ No				

I _____ (print name) am a business owner or an authorized person associated with the business identified above. I attest under penalty of perjury that the information provided in this application is true and accurate to the best of my knowledge.

Signature Title Date

For Office Use Only		
FA:	OW:	Entered By (initials):



**COMMUNITY AND ECONOMIC
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Attachment B

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Specific Program Contact Person Information
to go with the Health Permit Application / Data Entry Form

Business Name (as shown on Application)			
Physical Address	Street:		
	City:	State:	Zip Code:

Program Category:		Office Only: PE	
1 st Contact	Name:		
	Title:		
	Email:		
	Phone Number (day):	Ext:	
	Phone Number (night):	Ext:	
2 nd Contact	Name:		
	Title:		
	Email:		
	Phone Number (day):	Ext:	
	Phone Number (night):	Ext:	

Program Category:		Office Only: PE	
1 st Contact	Name:		
	Title:		
	Email:		
	Phone Number (day):	Ext:	
	Phone Number (night):	Ext:	
2 nd Contact	Name:		
	Title:		
	Email:		
	Phone Number (day):	Ext:	
	Phone Number (night):	Ext:	

For Office Use Only		
FA:	OW:	Entered By (initials):