



Community and Economic Development Environmental Health Division

Dexter Marr, Deputy Director

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CLOSURE LETTER

TO: Madera County Environmental Health Division
FROM: Owner Name: _____
SUBJECT: Business Closure of _____

I, Owner Name _____, no longer own or operate
Business Name _____ located
at _____. Please terminate my
health permit for this facility. Thank you.

- Proof of closure document shall be attached when submitting this notice for all food facilities.
 - Provide a copy of California driver's license/Identification.
- Indicate what program closed (Restaurant, Retail Market, Bar, Deli, Pool, Spa, Wading etc.):

- Mobile Food Facility Operation Only:
Location of stored mobile food facilities not in operation: _____
County where mobile food facilities will now operate: _____
- Facility is vacant
- Please fill out the **new owner information** if business was sold:
New Owner/Operator Name: _____
New Business Name: _____
New Owner/Operator Number: _____
New Owner/Operator Address: _____

Mailing Address of Current Owner for Account Receivables:

Address: _____ City: _____ ST: _____ Zip: _____
Home/Cell Phone: () _____ Work Phone: () _____
Driver's License Number: _____ Tax ID Number: _____

Owner Signature

Date

ENVIRONMENTAL HEALTH USE ONLY

Verification of ID: <input type="checkbox"/> Driver License <input type="checkbox"/> California ID <input type="checkbox"/> Mexico ID (MFF only)
Identification Number: _____ Verified by: _____
Date Stamp: _____