



HEALTH APPLICATION FOOD FACILITY PERMIT

OWNER/OPERATOR INFORMATION:			
Owner/Operator Name (DBA):			
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Has/Does the owner had/have a permit to operate a Facility in Madera County? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, please answer the following:			
Facility ID: FA0	Facility Name:		
FACILITY INFORMATION:		APN:	
Business Name:			
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Business Phone:	Email:		
Manager/Person in Charge (PIC):	Phone:		
Mobile Food Facility VIN #:	License Plate #:		
ACCOUNTS RECEIVABLE (Responsible Party for Billing):			
Account Name:	Care of:		
Account Address:	City:	State:	Zip:
Phone:	Mail Invoices to: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> FACILITY <input type="checkbox"/> ACCOUNT RECEIVABLE		
CHANGE OF OWNER/OPERATOR: (if applicable)			
Date of Ownership Change:			
Will there be a change in the Menu? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide a copy of the proposed Menu			
Will there be a change in operation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:			
Will there be sales of alcohol at the facility? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Contact ABC for Licensing Requirements			
Will there be any remodeling of the facility or change in equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, construction plans, plan check application and fees shall be submitted to this division for review and approval.			
FOOD FACILITY OPERATIONS:			
Days and Hours of Operation:			
Type of Meals to be Served: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other:			
Type of Service(s): <input type="checkbox"/> Onsite Consumption <input type="checkbox"/> Take Out/Delivery <input type="checkbox"/> Other:			
Number of Seats:			
Potable Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Private		Liquid Waste Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	

PROPOSED FOOD PROCESSES:			
Identify the type of food facility operation being proposed: <i>(check all that apply)</i>			
	Food Service Restaurant (with or without seating)		Cottage Food Operation: <input type="checkbox"/> Class A or <input type="checkbox"/> Class B
	Retail Market (Prepackaged Only)		Bar
	Retail Market w/Food Preparation (e.g., Coffee, Hot Dogs)		Bed & Breakfast
	Food Storage Warehouse (Prepackaged Only)		Caterer
	Mobile Food Facility (Enclosed Trailer/Truck)		Delicatessen
	Mobile Food Facility (Cart)		Bakery
	Commissary/Rental Kitchen		Meat Market
	Hotel/Motel Continental Breakfast		Produce Market
	Host Facility (e.g., Winery, Brewery)		Other:
To determine equipment and refrigeration needs, identify below the type of food preparation to take place at the food facility: <i>(e.g., All food on-site is stored/displayed sold in prepackaged state, food preparation occurs, unpackaged beverages)</i>			
Food Item Prepared		Food Operation	
	Meat/meat dishes		Refrigeration/Freezing of foods
	Fish/Shellfish dishes		Cooking of foods
	Poultry/poultry dishes		Reheating foods which have been prepared on site
	Confection (sweet ingredients)		Holding hot foods for more than 30 minutes
	Rice, beans and/or cheese dishes		Cooling foods after they have been cooked or reheated
	Baked foods		Preparing foods for next day service
	Soups/Stews/Gravies		Washing produce
	Sandwiches/Salads/Pastas		Washing meat, fish, poultry, shellfish
	Barbecue		Raw or undercooked foods (Sushi, Poki, wellness)
	NO FOOD PREPARATION WILL TAKE PLACE		Other: Special Processes (ROP, Cook-chill Sous-vide, Dehydrating, etc.)

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 Madera 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, or the closure of a business, I will notify this Division in writing within 10 business days before the change occurs. 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.

OWNER/OPERATOR SIGNATURE: _____ DATE: _____

PRINT OWNER/OPERATOR NAME: _____

DIVISION USE ONLY

FA: _____
OW: _____
AR: _____
IN: _____

COMMENTS:

RECEIVED BY: _____ DATE: _____