



Mariposa County Health Department

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Public Health
Prevent. Promote. Protect.

“Special Events” Food Facility Application for Permit to Operate

Each Booth/Facility, etc., Must Have a Separate Application

Name of Event: _____

Address of Event: _____

Dates of Event: From: _____ To: _____

of Booths/Facilities: _____ # of Employees: _____

Have you participated in this event in previous years? YES NO If yes, state years: _____

Do you have a current annual Mariposa County Food Permit? YES NO
If yes, you may be exempt from “Special Event” fees
Check to indicate you have received and understand “Guidelines for Temporary
Food Facilities”

Business Name: _____

Owner/Operator: _____

Mailing Address: _____

Email: _____

Contact Person: _____ Phone: _____

Please indicate which type of permit you are applying for and include the appropriate fee with the application

\$114.00 Unlimited Annual Events

\$57.00 Per Event “For Profit”

\$00.00 Qualified U.S. Veteran

\$28.00 Per Event “For Non-Profit”

If you are applying for a Veteran’s exemption, please submit a legible copy of your DD214 plus the attached fee exemption form with this application.

Signature of Applicant Date

Please Print

FOOD/DRINKS TO BE SERVED:

Office Use Only

Approved by: _____ Date: _____ Receipt : _____

OW: _____ FA: _____ PR: _____ TE: _____ BO: _____ Booth# _____