





**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** 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<br><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><br>Hepatitis B Vaccine Statement of Declination / Completion<br><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<br><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><br>Mobile Food Preparation Unit Operational Statement (for full-service mobile unit only)<br><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)<br><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><br>or<br>Medical Waste Generator Registration<br><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><br><br>Medical Waste Management Plan<br><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)<br>Step by step guide<br><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><br>Create CERS account<br><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  |

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>