



**DEPARTMENT OF PUBLIC HEALTH  
Division of Environmental Health**

**John Volanti, M.P.H.**  
*Director of Public Health*

Health Administration  
260 East 15<sup>th</sup> Street  
Merced, CA 95340  
(209) 381-1200  
(209) 381-1215 (FAX)

## Community Food Event Food Facility Application

**Jeff Palsgaard, M.S.**  
*Director of Environmental Health*

Provide all information requested. Incomplete applications may delay approval.

Environmental Health  
777 W. 22nd Street  
Merced, CA 95340  
(209) 381-1100  
(209) 384-1593 (FAX)  
www.co.merced.ca.us

Equal Opportunity Employer

**Submit application at least 7 working days prior to the event**

1. Name, Date and Time of Event:

\_\_\_\_\_

2. Proposed Location of Event (Street and City): \_\_\_\_\_

3. Name of Organization or Individual Entrant: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. Contact Person and Phone Number: \_\_\_\_\_

6. Select/Mark all that applies:

- Profit     Non-Profit (Proof of non-profit status is required – Provide a copy of your 501C status)  
 Mobile Food Facility/MFF (permit # \_\_\_\_\_)     Temporary Food Facility (TFF)  
 Mobile Food Prep Unit/MFPU (permit # \_\_\_\_\_)

7. List foods to be sold:


**I understand and will comply with all applicable provisions of the California Uniform Retail Food Facilities Law.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DENIED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Office Use Only

A/R No: \_\_\_\_\_

Paid - Check No: \_\_\_\_\_

Exempt \_\_\_\_\_

**Permit No:** \_\_\_\_\_