



## FIRE DEPARTMENT

735 MARTIN LUTHER KING JR. WAY  
MERCED, CA 95341  
TELEPHONE (209) 385-7344  
FAX (209) 725-0174

NANCY B. KOERPERICH  
*Fire Chief*  
(209) 966-3622

MARK LAWSON  
*Division Chief*  
(209) 385-7450

## Operational Fire Permit Application

All Applicants Complete this Section

Application Date: \_\_\_\_\_

Describe Type of Business and/or Services: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Owner: \_\_\_\_\_

Business License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Is this a new business? Yes  No  Date business opened at this location: \_\_\_\_\_

Did business relocate from another location? Yes  No

If yes, provide address of former location: \_\_\_\_\_

Operational Permits are **not transferable**. Operational Permits are to be renewed annually. If you stop conducting business at this location, you must notify the Merced County Fire Department, Fire Prevention Division. You must notify us also of any changes in business ownership, activity, location or name.

By signing below I hereby certify that I have read and understand the terms above, and that under penalty of perjury the information provided on this application is true and correct. I also acknowledge that the Merced County Fire Department has adopted the Fire Code, and the amendments thereof and use of the permit(s) being applied for will conform to accepted standards.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_