



CATERING OPERATIONS AT A HOST FACILITY APPLICATION PACKET

CONTACT INFORMATION
Name of Catering Operation (DBA): _____
Owner Name: _____
Owner Phone Number: _____ Owner E-mail: _____
Permanent Food Facility Name and Address where food is prepared:
Name: _____
Address: _____
County: _____

SUBMITTAL REQUIREMENTS	This column for office use:
Please submit all items listed below:	<i>Mark items rec'd ✓</i>
Submit application fee of \$340.00.	<input type="checkbox"/>
Submit a copy of your current permanent food facility permit	<input type="checkbox"/>
Submit a copy of Commercial Kitchen Agreement Form *If permanent food facility is out of county.	<input type="checkbox"/>
Submit a copy of Standard Operating Procedures in written format. Refer to the Standard Operating Procedures Template for Catering Operations at a Host Facility on page 2.	<input type="checkbox"/>

These items have been included in the request submitted at this time. You shall receive a response within 10 business days. It is understood that **omissions of any required information will result in a delay of the catering operation being registered.**

Office Use Only			
SR#: SR0	FA#: FA0	OW#: OW0	AR# AR1
PR# PR0	P/E FP	Status <input type="checkbox"/> (01) Billable <input type="checkbox"/> (04) Exempt	Approved by Date / /
Designated employee:	Permit Valid From Date: / /	Supervisor	Date / /
Conditions A permanent food facility permit in active status and in good standing is required for catering operation. Catering Operation can only be operated in conjunction with a permitted host facility.		Support Staff	Date / /



2a. How will food be transported to and from the permanent food facility to the host facility.

- Cambro Refrigerated Truck Coolers

Other (temperature log will be required): _____

2b. How will temperatures be maintained at Host Facility? Include all equipment that will be used:

- Temperature control (135°F or above **OR** 41°F or below)

Equipment: _____

- Time /TPHC* (Time as a Public Health Control) (*Written procedures are required for TPHC)

Equipment (time logs, timers, stickers, etc): _____

3. Describe how handwashing will be accomplished:

- Portable Handwash Host Facility handwashing sink

4a. Where will the sanitizing of food equipment and utensils (including customers plates and utensils) take place? Check the box below.

- Host Facility

Does the Host Facility have a 3-compartment ware washing sink? Yes No

- Permanent Food Facility

Will extra supplies (utensils/equipment) be brought into Host Facility? Yes No

4b. What type of sanitizer or sanitizer method will be used? Check the box below.

- Contact with a solution of 100 parts per million (ppm) available chlorine for at least 30 sec.

- Contact with a solution of 200 ppm of available quaternary ammonia for at least 1 min.

- Contact with a solution of 25 ppm available iodine for at least 1 min.

5. Where will you dispose of refuse:

- At permanent food facility At Host Facility

6. Provide a list of host locations where catering operations will be operating.

Host Facility Name	Street Address	City



CATERING OPERATIONS AGREEMENT

While operating at a Host Facility, the person in charge of the Catering Operation shall ensure food safety practices are maintained at all times.

By initialing, I acknowledge that I have read and understand the statement:

STATEMENTS	Initial
1. All food, prior to the host facility, shall be stored and prepared at the permanent food facility/catering kitchen. Home preparation of food is prohibited.	
2. The Catering Operation shall conduct only limited food preparation as defined by CRFC section 113818.	
3. A catering operation may only operate for up to 4 hours in any one 12-hour period, unless otherwise approved by the enforcement agency.	
4. The Catering Operation shall post a sign with the name of the catering operation, name of the operator, permanent food facility address and the hours of operation at the Host Facility. The most recent inspection report shall be made available to any consumer or enforcement agency upon request.	
5. Catering Operations records shall be maintained and kept for 90 days after the event, that includes location, date, time, customer contact information, menu, and food transportation temperature logs.	
6. Provide copies of food handler cards and food safety certification upon request at the Host Facility.	
7. Potentially hazardous foods (PHFs) shall be discarded at the end of the catering event unless PHFs was held at required temperature and protected from contamination at all times. If Time is used as a Public Health Control (TPHC) and approved prior by the enforcement agency, all food shall be discarded at the end of food service.	
8. Food will be discarded when it has been contaminated or was subject to improper holding/cooking temperatures.	
9. Food and utensils shall be protected from contamination at all times.	
10. Contaminated utensils shall be replaced with an adequate supply of clean utensils.	
11. Consumers shall use a clean plate if returning to the self-service line.	
12. Utensils and equipment are certified or ANSI equivalent.	
13. The interior of the vehicle used to transport food shall be constructed of smooth, visible, impervious material and maintained clean and free from debris.	
14. Potable water is available and an adequate supply is provided at the catering operation.	
15. A handwashing sink shall be unobstructed and supplied with warm water, soap and paper towels and is located within the food service area.	
16. Restrooms are available within 200 feet of the food service area.	
17. Garbage and refuse are disposed of in an approved manner.	
18. Liquid waste are disposed of in an approved plumbing system.	
19. Food, beverages, equipment and utensils are not stored in a private home.	
20. Overhead protection shall be provided at the food service area.	

I certify that I meet the requirements of the California Retail Food Code (CRFC), as it pertains to a Catering Operation. Prior to making any changes, I acknowledge that I must notify the County of Santa Clara Department of Environmental Health of any intended changes to the above statements. I certify, under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are complete, correct and true.

NOTE: Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act (CPRA).

Owner / Authorized Agent SignaturePrinted Name / TitleDate