



HOST FACILITY APPLICATION PACKET

| CONTACT INFORMATION |
|---|
| Host Facility Name: _____ |
| Host Facility Address: _____ |
| Host Facility Applicant Name: _____ |
| Host Facility Applicant Phone Number: _____ |
| Host Facility Applicant E-mail: _____ |

| SUBMITTAL REQUIREMENTS | This column for office use: Mark items rec'd ✓ |
|--|--|
| Host Facility Review Fee \$446.00 <small>An additional fee of \$298.00/hr may be applied depending on the extent of the operation and the time required for the review</small> | <input type="checkbox"/> |
| Completed Host Facility Application Packet <ul style="list-style-type: none"> Site plan drawn to scale (Structural Requirements) Equipment specification sheets Standard Operating Procedures | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Completed Permit Application and Certification Statement | <input type="checkbox"/> |
| Annual operating permit \$521.00 will be required after the submittal packet has been reviewed and approved. | <input type="checkbox"/> |

These items have been included in the request submitted at this time. It is understood that **omissions of any required information will result in a delay of the permit being approved.**

For Office Use Only

Request: SR0 _____ Received By: _____ Date Received: _____

Comments: _____

Response Due : _____ Date Responded: _____

Permitted?: Yes, see application No, close request. Resolved by: _____ Date: _____

Supervisor: _____ Date: _____ Support: _____ Date: _____



| SITE PLAN / STRUCTURAL REQUIREMENTS Provide a site plan drawn to scale that includes: | ✓ or N/A |
|--|--------------------------|
| Location of the food service operation where the caterer will set up for food service | <input type="checkbox"/> |
| Location of the handwash sink at the food service area <ul style="list-style-type: none"> • All handwashing sinks must be equipped with hot and cold water or a premixing valve. Provide with a minimum of 100°F warm water under pressure for a minimum of 15 seconds. | <input type="checkbox"/> |
| Location of the restroom <ul style="list-style-type: none"> • Must be located within 200 feet of the food service area. • Must be accessible to all food handlers. • Must be equipped with handwash facilities to include same requirement mentioned under “Location of the handwash sink...” section. • Provide a signed agreement if a common-use restroom is to be utilized. | <input type="checkbox"/> |
| Location of liquid waste disposal facilities. <ul style="list-style-type: none"> • Provide approved method(s) for disposal of liquid waste. <ul style="list-style-type: none"> ○ Janitorial sink equipped with approved backflow device and hot and cold water. | <input type="checkbox"/> |
| Location of refuse waste disposal. <ul style="list-style-type: none"> • Provide approved method(s) for disposal of refuse waste. | <input type="checkbox"/> |
| Location of all other related food equipment (if applicable) <ul style="list-style-type: none"> • Include all equipment and fixtures in the facility. • Specify the type of electrical connection(s) that will be provided for food-related equipment brought in by the catering operation. • Specify where equipment will be stored when not in use. • Equipment other than handwash sink may require a site assessment (additional fees apply). | <input type="checkbox"/> |
| Location of warewashing sink (if applicable) <ul style="list-style-type: none"> • A supply of potable hot and cold water. • Indicate where the hot water heater is located. The hot water heater must be adequate to provide a hot water supply of a minimum 120°F at the sink fixtures requiring hot water at a peak demand rate. | <input type="checkbox"/> |

| EQUIPMENT REQUIREMENTS | ✓ or N/A |
|--|--------------------------|
| Provide specification sheets for all food service equipment. | <input type="checkbox"/> |
| Provide specification sheet for water heater. | <input type="checkbox"/> |
| Provide specification sheets for a handwash and warewash sink(s). A portable handsink and/or warewashing sink may be allowed if a directly plumbed handsink and/or warewashing sink is not available at service area. | <input type="checkbox"/> |



| STANDARD OPERATING REQUIREMENTS | | ✓ |
|---|--|---|
| Provide a Standard Operating Procedures that includes: <ul style="list-style-type: none"> • Schedules for disposal of liquid and refuse waste. • Schedules for cleaning equipment and structures (if applicable). | <input type="checkbox"/> <input type="checkbox"/> | |
| Provide a list of Catering Operations that will be supported by the Host Facility with their menus, dates and times of their operations. | <input type="checkbox"/> | |
| Provide a copy of Catering Operation(s) Registration (must be maintained on site for 90 days after a Catering Operation operates at Host Facility). | <input type="checkbox"/> | |
| Provide contact information for Catering operation(s) <ul style="list-style-type: none"> • Including phone number, email, and person in charge. | <input type="checkbox"/> | |

| Initial each statement below indicating you understand the requirements: | | |
|---|---|----------------|
| STATEMENTS | | Initial |
| 1. | A host facility may support a catering operation for only up to four hours in any one 12-hour period, unless otherwise approved by the enforcement agency | |
| 2. | All food, soiled utensils, equipment, tableware, and linen shall be returned to catering operation for cleaning, sanitizing, and storage | |
| 3. | Approved handwashing facilities shall be available onsite at the food service operation | |
| 4. | Approved toilet and handwashing facilities shall be available within 200 feet in travel distance of the food service operation | |
| 5. | All garbage and refuse shall be stored and disposed of in a manner approved by the enforcement agency | |

I certify that I meet the requirements of the California Retail Food Code (CRFC), as it pertains to a Host Facility. 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).

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| | | |
| Owner/ Authorized Agent Signature | Printed Name/Title | Date |