



SANTA CLARA COUNTY COMMERCIAL KITCHEN AGREEMENT FOR CATERING OPERATION



APPLICANT INFORMATION

Owner Name:
Email Address: Telephone:
Facility name
Facility Address: City: State: Zip:

Type of food facility [] Permanent Food Facility [] Mobile Food Truck

FOR MOBILE FOOD FACILITIES ONLY:

Where is food prepared? [] Commissary Kitchen [] Mobile Food Facility

I, the above-mentioned owner/operator will operate at the permanent/mobile food facility noted above. The facility noted can support the Catering Operation:

Pursuant to California Retail Food Code, Chapter 10. I will notify Santa Clara County Environmental Health in writing upon termination of this agreement and/or when the facility is no longer used in compliance with public health regulations

I understand that my Catering Operation permit in Santa Clara County may be revoked due to the use of an unapproved facility.
This agreement expires one year from the date signed and must be annually renewed.

Print Name Signature of Applicant Date

TO BE COMPLETED BY REHS :
Does above listed facility have the ability to support a catering operation?
[] YES [] NO
If checked no, please explain
I CERTIFY THAT THE PERMANENT/MOBILE FOOD FACILITY IS IN GOOD STANDING FOR SAFE AND SANITARY PRACTICE FOR A CATERING OPERATION.
Print Name Signature of Approval, REHS Date
Email Address Agency