



COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

Host Facility Permit Application

Host Business Name: _____

Physical Address: _____
Street Address City Zip

Owner name: _____

Telephone: _____ Email: _____

1. Does your facility meet the following requirements?

Yes No **RESTROOMS (Toilet and Handwashing):** An approved restroom facility in the Host Facility that the catering operation will be using is required. The restroom must be located within 200 feet of the area where the catering operation prepares the food and must be accessible to all food handlers. The restroom must meet all local building and plumbing code standards. A common use restroom agreement must be submitted if a restroom is to be utilized outside of the Host Facility.

Yes No **HANDWASHING SINK:** A permanently plumbed handwashing sink for the catering operations use may be required, in addition to the restroom hand sink. All handwashing sinks shall have a minimum of 100°F-108°F warm water under pressure for a minimum of 15 seconds. Hand sinks must have hand soap and single use paper towels in dispensers.

Yes No **REFUSE:** The Host Facility must have an approved area for refuse storage and approved covered containers for refuse storage that shall keep the refuse contained, vermin-free and leak-proof. Refuse must be picked up for disposal at least once every seven (7) days.

Yes No **LIQUID WASTE:** The Host Facility must have approved methods for the disposal of liquid waste. A janitorial sink equipped with hot and cold water and an atmospheric vacuum breaker or other approved backflow device at the faucet may be required.

Yes No **LOCATION FOR CATERING OPERATION:** The Host Facility must provide a location for the catering operation to set up their operation. The catering operation shall not be accessible by the public. Food service operations of the catering operation are contingent upon the location that they will be setting up their equipment. Ensure all applicable codes are complied with including, but not limited to Zoning and Fire.

If you answered YES to ALL the above items, a consultation can be conducted. If the answer is NO to any of the above items, PLAN SUBMISSION will be required, and this application cannot be accepted until after changes are made pursuant to the approved plans.

FOR OFFICE USE ONLY	FEE	CHECK OR CC AUTH #	RECEIPT #	RECEIVED BY:
LICENSE NUMBER	ACCOUNT NUMBER			

2. Will the facility be providing any hot and/or cold holding equipment for use by the caterer? Yes No

If you answered yes, the equipment is subject to plan review. Please list all hot and cold-holding equipment:

3. After reading the statements, initial each to indicate that you have read and understand these requirements and will implement them in your Host Facility.

- a) _____ All food will be maintained at the Catering Operation's permitted food facility before and after the Catering Operation.
- b) _____ Any Host Facility employees assisting with Catering Operation will obtain a California Food Handler card to be maintained on the premises for review by EHS.
- c) _____ The name and menu of all potential Catering Operations to operate at this Host Facility has been attached.
- d) _____ I agree to update the Proposed Catering Operation and obtain approval from EHS prior to utilizing a Catering Operation not listed.
- e) _____ I agree to maintain and follow an Employee Illness Policy which stipulates when employees are not to report to work.
- f) _____ I understand that the Catering Operation is only allowed to operate at my Host Facility for 4 hours in any 12-hour timeframe.
- g) _____ Facility to be maintained in a clean and sanitary condition.
- h) _____ When a Catering Operation is present, only service animals are permitted in the Host Facility.
- i) _____ Trash/Refuse Disposal (Check one): Trash and refuse will be removed from the Host Facility by a contracted trash removal company at least twice a week, or more when necessary.

I understand and agree that if I make changes to my operating procedures, I must notify the local Environmental Health office within seven (7) days. Revised operating procedures will be reviewed for approval. Failure to comply may result in suspension, or revocation of the Health Permit issued to me.

Owner Name (please print)

Signature

Date

All County publications are available in alternative formats (Braille, Large Print, or CD), upon request. Requests for accommodations may be made by calling (415) 473-4381 (Voice) (415) 473-3232 (TDD/TTY) or by e-mail at disabilityaccess@marincounty.org. Copies of documents are available in alternative formats, upon request.

F:PROGRAM/FOOD/FORMS AND HANDOUTS/HOST FACILITY/Host Facility Permit Application May2019