CATERER (using a SHARED FOOD FACILITY)
Application Packet

THIS PACKET INCLUDES THE FOLLOWING FORMS WHICH NEED TO BE SUBMITTED ALONG WITH THE CURRENT FEE FOR APPROVAL BY ENVIRONMENTAL HEALTH SERVICES (EHS) PRIOR TO YOUR OPERATION.

1. Health Permit License Application

2. Caterer using a Shared Food Facility Permit Application and Questionnaire

3. Shared Food Facility/Commissary Agreement is required for caterers using a shared food facility (a kitchen with a valid current health permit) to prepare foods for sale or to be served at a catered event. (NOTE: If your commissary is located outside the County of Marin the commissary agreement must be completed and signed by the local ENVIRONMENTAL HEALTH SERVICES DEPARTMENT who issued the permit for your commissary.

4. Fee (The current fee schedule is available on our food program website www.marincounty.org/ehs or by calling EHS at (415) 473-6907.

Also included in this packet are the following documents for your information. Please read and familiarize yourself with all the requirements to operate a temporary food facility to ensure you will operate your business in accordance with the law.

✓ Time/Temperature Control Handout
✓ Handwashing Handout

Marin County Environmental Health Services thanks you for your efforts in making Marin County a unique and safe environment for all who enjoy what Marin has to offer.

If you have any questions about these requirements please call EHS at (415) 473-6907.
This page has been left intentionally blank if you want to print back-to-back.
TIME / TEMPERATURE CONTROL

**TIME AND TEMPS:** Controlling the temperatures of food during food preparation prevents the growth of disease-causing microbes in potentially hazardous foods. The range between 41 – 135°F is called the Danger Zone because bacteria can grow rapidly in this temperature range.

**HAZARDOUS FOOD:** Potentially hazardous foods support the rapid growth of disease-causing bacteria when these foods are kept in the Danger Zone. Examples of potentially hazardous foods include beef, poultry, pork, seafood, dairy products, eggs, cut melons and high protein foods such as beans, rice and noodles as well as cooked vegetables and garlic in oil.

**HOLDING TEMPS:**
- Store hot foods at or above 135°F.
- Store cold foods at or below 41°F.
- Store frozen foods below 32°F

**THERMOMETERS:** Provide rapid reading probe thermometers for checking the internal temperatures of the food.
- Sanitize the probe, clip and housing regularly. During the work shift you can sanitize using alcohol swabs.
- Install monitoring thermometers in all units in which potentially hazardous foods are stored.
- Consider using a record sheet for marking food temperatures during each shift if you store a lot of food on steam tables or in the top of prep refrigerators.

**THAWING:** PLAN AHEAD! Thawing at room temperature is unsafe, as this practice encourages the rapid growth of methods for potentially hazardous foods.

1. In a refrigerator or a walk-in, usually for one to four days.
2. Under COLD, RUNNING water.
3. In a microwave oven immediately before cooking.
4. During the cooking process.

**COOKING** Use probe thermometers routinely. Sanitize the probe before inserting it into food. Cook raw foods to the following minimum temperatures (Calcode section, 114040):

- **EGGS** for immediate service - 145°F or above for 15 seconds
- **FISH** - 145°F or above for 15 seconds
- **CUTS OF BEEF/LAMB/VEAL/PORK** - 145°F or above for 15 seconds
- **INJECTED MEATS** - 155°F or above for 15 seconds
- **GROUND OR CHOPPED MEAT or food Containing GROUND OR CHOPPED MEAT** - 145°F or above for 15 seconds
- **EGGS and FOODS containing EGGS not for immediate service** - 145°F or above for 3 minutes or 150°F 1 minute or 158°F for < 1 second
- **POULTRY and GROUND POULTRY** - 165°F for 15 seconds
- **Stuffed FISH, MEAT, and Poultry** - 165°F for 15 seconds
- **Stuffing containing FISH, MEAT, POULTRY, or PATTIES and stuffed pasta** - 165°F for 15 seconds
- **ROASTS BEEF/PORK/CURED PORK** - 150°F depending on weight
COOLING:

DO NOT COOL POTENTIALLY HAZARDOUS FOODS AT ROOM TEMPERATURE WITHOUT USING RAPID COOLING PROCEDURES. If cooling is done quickly, disease-causing bacteria will not have time to grow.

Potentially hazardous foods must be cooled down from 135°F to 70°F within two (2) hours, and then from 70°F to 41°F or below within four (4) hours to prevent the rapid growth of disease causing bacteria. Use the following methods to actively control the cooling process:

1) Cool foods in small quantities.
   a) Cool in long, shallow pans with a food depth of four inches or less. Foods with high densities such as refried beans, chili, or chowder should be cooled in a depth no greater than two inches.
   b) Cut meat, poultry and roasts into smaller pieces before cooling.

2) If you cool under refrigeration, be sure to uncover or only lightly cover and periodically stir hot foods so that heat can escape. Foods of sufficiently small quantities in unsealed containers will not spoil or sour if put directly into refrigeration. Consider designating a refrigerator or freezer for cooling if you cook large quantities of food ahead of time.

3) Cool in an ice bath (with water); stir occasionally.
   a) Foods generally cool faster in metal pans than in plastic pans. (Many plastics act as insulators.)
   b) Cover foods after they cool.

4) Use a “cooling paddle” to cool liquid foods by stirring.

REHEATING:

Cooked foods which have been cooled and then reheated for hot holding must be reheated to a minimum temperature of 165°F within 30 minutes. (Quick reheating to high temperatures insures the destruction of microbes.)

STEAM TABLES:

KEEP FOODS HOT – 135°F or above in steam tables or other holding equipment (such as deli display warmers.)

1) Preheat the hot holding device before placing the hot food inside. (Add hot or boiling water to the steamer.)

2) Always preheat or reheat the food before placing it in the holding device. Use microwave or conventional ovens.

3) Never cook or reheat food in a hot holding device. Holding equipment is Designed only to HOLD food at hot temperatures. (Long reheating times allow bacteria to grow.)
HANDWASHING

HANDWASHING PREVENTS FOOD CONTAMINATION

- Food handlers may contaminate food by touching a source of bacteria with their hands and then touching food that they prepare or serve.

(The Center for Disease Control estimates that poor personal hygiene accounts for the contamination in 25% of all documented food illness outbreaks.)

WHERE CAN BACTERIA BE FOUND?

- On raw meat, poultry, and seafood. (Poultry, beef, and pork can be contaminated by disease-causing bacteria from internal organs during slaughtering, and seafood from polluted water.)
- In feces from humans, insects, and rodents.
- On contaminated equipment, food contact surfaces such as cutting boards and countertops, and filthy cloths.
- In the pus of pimples.
- In the mucus of the nose.
- In infected cuts on the worker's hands.
  (Workers with cuts should always use clean bandages and sterile gloves or finger covers. Remember, gloves only protect food from bacteria located on the hands. Gloves can also become contaminated.)

WHEN IS IT IMPORTANT FOR FOODHANDLERS TO WASH THEIR HANDS?

- After handling raw meat, poultry, and seafood
- After visiting the restroom
- After sneezing and coughing
- After touching one's face, nose, and hair
- After smoking or eating
- After cleaning
- After handling money
- Before beginning work

Environmental Health Services
3501 Civic Center Drive, Room 236
San Rafael, CA 94947
(415) 473-6907
www.marincounty.org/ehs
COUNTY OF MARIN
HEALTH PERMIT LICENSE APPLICATION

PERMIT TYPE (CHECK ONE):
☐ RESTAURANT  # OF SEATS: _________
☐ MARKET OR BAKERY  SQUARE FOOTAGE: _________
☐ CATERER
☐ TEMPORARY FOOD FACILITY
☐ MOBILE FOOD FACILITY
☐ FARMERS MARKET VENDOR
☐ COTTAGE FOOD OPERATOR
☐ OTHER FOOD (DESCRIBE) _______________________
☐ PUBLIC POOL  # OF POOLS: _______  # OF SPAS: _________
☐ BODY ARTS
☐ MEDICAL WASTE
☐ HOUSING*  # OF UNITS: ______
*APARTMENTS WITH 16 UNITS OR MORE OR HOTELS WITH 12 OR MORE GUEST ROOMS
REQUIRE AN ON-SITE MANAGER NAME, ADDRESS, AND TELEPHONE.

ON-SITE MANAGER NAME ________________________________ ADDRESS (INCLUDE APT OR UNIT #) ____________ TELEPHONE ____________

FACILITY INFORMATION

BUSINESS NAME (DBA) ________________________________ HOURS of OPERATION ________________________________

BUSINESS ADDRESS

STREET ADDRESS ___________________________________ CITY ________________________________ ZIP CODE ____________

BUSINESS TELEPHONE: ________________________________ ALTERNATE TELEPHONE NUMBER: ________________________________

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE TO USE THE BUSINESS STREET ADDRESS ABOVE, CHECK THIS BOX: ☐

ADDRESSSEE NAME ________________________________ (IF DIFFERENT THAN BUSINESS NAME)

MAILING ADDRESS ___________________________________ CITY ________________________________ STATE ____________ ZIP CODE ____________

LEGAL OWNERSHIP

SELECT ONE: ☐ SOLE PROPRIETORSHIP  ☐ PARTNERSHIP  ☐ INCORPORATED

NAME ________________________________

MAILING ADDRESS ___________________________________ CITY ________________________________ STATE ____________ ZIP CODE ____________

TELEPHONE AND EMAIL:

TELEPHONE NUMBER: ________________________________ FAX TELEPHONE NUMBER: ________________________________

EMAIL ADDRESS: ________________________________

I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT
SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.

SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT ________________________________ PRINT NAME AFTER SIGNATURE ________________________________ DATE ________________________________

FOR OFFICE USE ONLY  FEE: ________________________________ CHECK or CC AUTH #: ________________________________ RECEIPT #: ________________________________ RECEIVED BY: ________________________________
This page has been left intentionally blank if you want to print back-to-back.
GENERAL BUSINESS PLAN

WHERE WILL YOU SELL YOUR FOOD?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WHAT WILL BE THE APPROXIMATE HOURS AND DAYS PER WEEK YOU WILL BE WORKING AT THE COMMISSARY?

# of hours: __________ per week  # of days __________ per week

YOU ARE RESPONSIBLE TO ASSURE THAT ALL EMPLOYEES WHO HANDLE FOOD OBTAIN A CALIFORNIA FOOD HANDLER’S CARD (INCLUDING WAITSTAFF AND DISHWASHERS)

WHAT WILL BE THE APPROXIMATE NUMBER OF EMPLOYEES?_____________________

STANDARD MENU ITEMS

<table>
<thead>
<tr>
<th>FOODS TO BE SERVED</th>
<th>COOKING PROCEDURE (fry, BBQ, steaming, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

INGREDIENTS

Example: Tomatoes

<table>
<thead>
<tr>
<th></th>
<th>SUPPLIER</th>
<th>CITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Marin Produce</td>
<td>San Rafael</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EQUIPMENT AND GENERAL SANITATION

EQUIPMENT DESCRIPTION:
Describe what equipment you will be using to keep foods at the proper temperature at the food facility, during transport, and at the event(s) you will be catering.

Cold Holding Equipment (<45°F)______________________________

Hot Holding Equipment (>135°F)______________________________

On-site Equipment (cooking, hot holding, cleaning and sanitizing) ________________________________

How will you assure that utensils and equipment arrive at the site in a clean and sanitary condition?

______________________________________________

What will you do to protect ready-to-eat foods from bare-hand contact? ______________________________

______________________________________________

What is your policy for ill employees? ________________________________

______________________________________________

How will Potentially Hazardous Foods be maintained at a safe temperature during transportation?

______________________________________________

How will Potentially Hazardous Foods be maintained at a safe temperature during the catering function?

______________________________________________

How will food be protected from contamination at outdoor events and self-service buffets? ______________________________

______________________________________________
COUNTY OF MARIN
SHARED FOOD FACILITY/COMMISSARY AGREEMENT

I. To be completed by APPLICANT — Please print or type.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Bus. Phone</th>
<th>Bus. Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>City/State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner Name</th>
<th>Home Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code. (Note: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.)

Signature of Business Owner ___________________________ Date ____________

II. To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.

<table>
<thead>
<tr>
<th>Commissary Name</th>
<th>Bus. Phone</th>
<th>Bus. Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commissary Address</th>
<th>City/State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commissary Owner Name</th>
<th>Home Phone</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I understand and agree to provide for the following requirements: (Check all that apply)

☐ sanitary wastewater disposal  ☐ adequate storage for food/equipment
☐ potable water  ☐ utensil washing
☐ proper disposal of refuse & garbage  ☐ electrical hookups
☐ hot & cold water for vehicle cleaning  ☐ toilet & handwashing facilities
☐ food preparation area  ☐ overnight vehicle storage
☐ vehicle/cart storage (circle one) vehicle make/year ______________________ license plate # __________

I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.) I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

Signature of Commissary Owner/Manager ___________________________ Print Name ___________________________ Date ____________

III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located outside of Marin County — Please print or type.

The food establishment is located in ____________________ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

Signature of REHS ___________________________ Print Name ___________________________ Bus. Phone ____________ Date ____________