



Platform Kitchen Operation - Health Permit Application

Information:

Business Name:

Owner/Operator Name:

Phone #:

Email:

Mailing Address:

City:

State:

Zip:

Business Website:

The following documents must be submitted along with the PKO Questionnaire:

- Food Safety Manager Certification
- Commissary Facility Layout showing designated location for food and equipment storage
- Proposed menu

Facility Questions:

1) Is there any equipment not already existing within the commissary that you plan to bring? If yes, list equipment below and attach manufacturer specification sheets for each piece of equipment for review. Note: equipment must be NSF commercial grade or equivalent.

2) Specify how food, utensils, and equipment are stored and segregated at the commissary. Specifically, where are they located within the commissary? (e.g. designated and labeled shelf within walk in cooler, designated and labeled metal racks within dry storage room, bins, etc). Note: ALL food and equipment MUST be stored at the approved commissary. Storing food or equipment at any location other than the approved commissary or commingling of food and equipment storage with other commissary users is strictly prohibited.

Operational Questions:

1) Do you plan to deliver food? If yes, describe how you will maintain temperature control and keep food protected from contamination during transport (e.g. cambro hot box, ice chest, insulated food bags, etc).

2) What days and times will your business be open for operation? Note: no other food operations are permitted to use the commissary while you are operating your PKO. An operational schedule must be agreed upon with the commissary owner.

Operational Agreements:

I agree to keep food safe and wholesome for my customers, prevent cross contamination, maintain proper temperature control for potentially hazardous foods, practice good hand hygiene and use approved sanitizers.

I agree to maintain a commissary usage log, which must be signed by the commissary owner and submitted to NCDEH on a quarterly basis.

I understand no other commissary users are permitted to operate or use the commissary at the same time I am operating my PKO.

I agree to keep open and honest communication and notify NCDEH in the event of any changes to my food operation (i.e. changes in operation location, menu, equipment and commissary usage schedule).

I agree to maintain active managerial control over my operation and employees to ensure food safety.

I understand no on-site dining or point of sale is permitted with this type of operational permit. Food service is strictly for pick up or delivery. Food must be ordered and purchased online or over the phone, no money is exchanged with the customer at the commissary location.

I understand NCDEH conducts unannounced health inspections to verify compliance with health and safety regulations.

I, the owner of the above food operation, certify that the above information is true and correct. I agree to notify the Nevada County Department of Environmental Health (NCDEH) if anything described above changes and understand that failure to do so may result in suspension possibly leading to revocation of my permit to operate a food facility in Nevada County.

Name(*Print*):

Signature:

Date:

Official Use Only:

Application: *Approved* *Denied, Reason:*

REHS Signature:



Community Development Agency

Environmental Health

Env.Health@nevadacountyca.gov
www.nevadacountyca.gov/eh

950 Maidu Avenue, Suite 170
PO BOX 599002
Nevada City, CA 95959

PH: (530) 265-1222 ext. 3
FAX: (530) 265-9854

COMMISSARY USAGE AGREEMENT

(Select one): Mobile Food Facility Caterer Temporary Food Facility Platform Kitchen Operation

Section 1 - To be completed by Applicant – Please print or type

Business Name: _____ Permit # _____
Owner/Operator Name: _____ Email: _____
Business Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Bus. Phone: _____

I, _____, hereby affirm the above information is current and accurate and I agree to utilize my commissary in accordance with California Retail Food Code requirements. If this commissary agreement is modified, expired or canceled by either myself or the commissary operator, I understand it is my responsibility to submit a new commissary agreement form to Environmental Health within 30 days to maintain a valid health permit. I understand I must report to my commissary once per operating day and maintain a Usage Log on site at the commissary. Failure to comply with the above stated requirements may result in permit revocation.

Print Name & Title: _____ Signature: _____ Date: _____

Section 2 – To be completed by Commissary Owner/Operator- Please print or type

Commissary Name: _____ Permit #: _____
Owner/Operator Name: _____ Email: _____
Commissary Address: _____ City: _____ State: _____
Zip: _____ Bus. Phone: _____ Hours of Operation: _____

Is commissary located in Nevada County? Yes No If no, provide a copy of the current health permit from jurisdiction issuing the permit and a copy of the most recent inspection report.

I, commissary owner/operator, hereby declare the applicant stated above has permission to use my approved commissary, and will be provided following facilities and services (check all that apply):

- | | |
|---|---|
| Space for sanitary food preparation/packaging | Refrigerator/ freezer storage space |
| Storage of food, utensils and supplies | Dry food storage |
| Hot/cold potable water for washing and sanitizing | Warewashing facilities/ 3-comp sink |
| Potable water for filling mobile water tanks | Restrooms and janitorial sink |
| Liquid waste disposal | Handwashing facilities supplied with soap and paper towels in a dispenser |
| Garbage disposal | Use of NSF approved equipment |
| Grease waste bin | Other: _____ |
| Electrical outlets/ hook-ups | |

I, _____, hereby affirm the information I provided is current, accurate and to the best of my knowledge meets California Retail Food Code requirements. I understand, if the food operator stated above, leaves my commissary, or if this contract is modified or expired, I am required to notify Environmental Health immediately. Email notification to: env.health@nevadacountyca.gov

Print Name & Title: _____

Signature: _____ Date: _____



AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This Agreement To Pay form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at http://www.mynevadacounty.com

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

Table with 2 columns: Site Information and Invoices and/or notices to be mailed to. Rows include APN, Property Owner/Business Name, Address, Telephone, and Email.

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project:

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

Printed Name: _____ Dated: _____ CDL# _____
Signature: _____

THIS SECTION FOR OFFICE USE ONLY

Form with two rows for office use only. Each row includes fields for Service, Amount, Check #, Program, Receipt #, Job No, and Date of Receipt.