



Catering Operation Permit Application

Catering Operation Name: _____

Owner/Operator: _____ Phone: _____

Mailing Address: _____ City: _____

Email Address: _____

The following information must be submitted with the application. Use the checklist below to ensure all items are included.

Standard Operating Procedures(SOP's)- A space has been provided for you to develop your SOP's beginning on page 3. If handwriting instead of typing, handwriting must be legible.

Professional Food Safety Manager's Certificate and Food Handler Cards- An owner or employee must have a valid Food Safety Manager's Certification and all employees must have current food handler cards. Include copies.

Menu- List all food and beverage items to be sold or served.

Equipment Specification Sheets- Provide manufacturer specification sheets for all equipment used to store, prepare, serve, transport and keep food at required temperatures both at the off-site contracted event and at the commissary kitchen (ie. Hot and cold holding equipment, overhead protection/enclosure, serving utensils, food containers, portable hand-washing sink(s) that will be utilized during a Catering event). All equipment must be commercial grade and certified by an American National Standards Institute (ANSI) accredited certification program such as NSF, UL EPH, or ETL sanitation.

Log- A written log must be maintained for a minimum of 90 days after each operation to include the event organizer name and contact information, location of service, menu of foods and beverages served. When operating at a host facility, the log shall include your menu and location/date/time of operation. Please describe how you will log this information (i.e. What type of database) and provide a sample of that log.

Commissary Verification Form- The caterer must prepare and store all food (with the exception of limited food prep defined in Section 113818) and equipment at a commissary kitchen. Unless the caterer also owns and operates a permitted retail brick and mortar food facility, a commissary verification form is required with the application.

Please develop your SOP's in this section in accordance with California Retail Food Code Section 114328 (c) (1) – (5). You may add additional pages as needed. Handwriting MUST be legible. SOP's must include information that addresses the following:

1.) Describe the manner in which food will be transported to and from the commissary/ permanent food facility and the offsite food service location or host facility and the procedures that will prevent contamination of the food.

2.) Describe the equipment used for limited food preparation that is to be conducted at an offsite food service event. Overhead protection is required for all food preparation except for open air BBQ and deep fat frying. Also describe equipment that will be used at your commissary kitchen.

3.) Describe how temperatures of potentially hazardous food will be maintained in accordance with Section 113996. Be specific about hot holding of 135 degrees F or above both during transport and at the event and cold holding of 41 degrees F or below both during transport and at the event.

4.) Describe schedules and procedures for cleaning and sanitizing multi-use utensils, equipment and for the proper disposal of wastewater and refuse. Describe cleaning of any structures including floors, walls, and overhead protection. Also describe which sanitizing method you will use for food contact surfaces at your commissary kitchen. (i.e. Contact with a solution of 100 ppm available chlorine for at least 30 seconds, contact with a solution of 200 ppm available quaternary ammonium for at least one minute, etc.)

5.) Describe your handwash set up that will ensure compliance with Section 113953. Describe when employees are required to wash hands.

Please read and initial to confirm understanding and agreement with the following California Retail Food Code (CRFC) and Nevada County Department of Environmental Health (NCDEH) requirements:

- A. All food and equipment shall be stored and prepared only at the commissary/permitted permanent food facility. A caterer operation may not store or prepare food or equipment at home. (An alternative storage variance may be granted depending on specific circumstance, however, PHF can not be stored at home despite variance.)
- B. A Catering Operation Permit may be used to prepare and serve food at private events and permitted Host Facilities only. Operating at a Community Event or Certified Farmer's Market requires a separate health permit.
- C. Food preparation and dispensing utensils shall be stored in the food with their handles above the top of the food and the container.
- D. Equipment food contact surfaces and utensils shall be cleaned and sanitized throughout the day at least every four hours and again at the commissary/permanent food facility.
- E. While operating offsite, the Catering Operation shall be identified by the name of the business, city, state, zip code, and the name of the permitted operator to any consumer or enforcement agency upon request. A sign and permit must be posted while operating.
- F. Operating at a Host Facility is limited to a four (4) hour duration in any twelve (12) hour period. Upon request, you must provide your operation schedule to Environmental Health for review.
- G. A Catering Operation shall maintain records for 90 days after each event. The catering operation shall provide those records to the enforcement agency upon request with ALL of the following information:
 - Menu items
 - Location, date, and time of the food service activity
 - Customer name, address, email address, and phone number
 - Indicate whether food was delivered to a customer or served to a guest at a catered function or host facility.
 - Departure and arrival food temperatures and corrective action taken for PHF within the temperature danger zone
- H. The caterer shall bring an adequate supply of potable water to the offsite event in the absence of a plumbed potable water supply.

- I. The Person In Charge (PIC) on behalf of the Catering Operation shall be onsite during all operating hours and shall ensure each of the following:
- Protection of the food from contamination during service
 - Food preparation areas have overhead protection
 - Provide utensils for single use as to eliminate reuse of a soiled/contaminated utensil
 - Ensure consumers obtain clean plates or utensils when returning to the self-service display
 - Replace utensils that become contaminated with clean and sanitized utensils
 - Discards any PHF not consumed or sold that were subject to temperature abuse
 - Discards any food that has become contaminated or is suspected of being contaminated
 - Have adequate knowledge of major food allergens, foods identified as major food allergens, and the symptoms that a major food allergen could cause in a sensitive individual who has an allergic reaction
 - Ensure that all food handlers are in good health and free of any gastrointestinal symptoms or illness. Employees with these symptoms shall be excluded from the food operation.
 - Ensure that food handlers practice personal cleanliness (hair, aprons, jewelry, nails etc) and hand hygiene.
 - Ensure that a toilet facility is available within 200 feet of the operation
 - Ensure that adequate consumer advisory is posted for any foods of animal origin that are served raw or undercooked.
- J. Understands that NCDEH is to conduct an annual routine health inspection at the commissary during a time when food preparation is occurring and agrees to cooperate with regards to scheduling said inspection.
- K. Agrees to keep an open an honest communication with NCDEH should anything change (menu, commissary, procedures etc.) with this Catering Operation.

I/we will comply with the requirements of a Catering Operation as dictated in California Retail Food Code, as required by Nevada County Department of Environmental Health, and as laid out in this application. If there are ANY changes to my standard operating procedures (SOP's) or other information, I will contact Nevada County Department of Environmental Health for approval prior to the change:

Applicant Signature: _____ Date: _____

Applicant Name Printed: _____

For Office Use Only:	<input checked="" type="checkbox"/> Approved	Denied, reason: _____
Staff Signature: _____, REHS Date: _____		



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.

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
Garbage disposal in a dispenser
Grease waste bin Use of NSF approved equipment
Electrical outlets/ hook-ups Other:

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 for office use only with fields for Service, Amount, Check #, Program, Receipt #, Job No, and Date of Receipt.