

5. Will you be using an Open-air Barbecue Outdoor Wood-burning Oven Not Applicable

WAREWASHING

1. Multi-use utensils and equipment will be cleaned and sanitized using what methods:

Kitchen Sink Dishwasher Clean-in-place protocols

2. Type of sanitizer* that will be used (*Test strips are to be provided to verify sanitizer concentration):

Chlorine (100 ppm) Quaternary ammonium (200 ppm) Other: _____

Describe the cleaning and sanitizing processes that will be followed:

FOOD /UTENSIL STORAGE

1. Are you storing food (ingredients or finished product) in any place other than within the kitchen? Yes No

If yes, please indicate where: _____

FOOD SERVICE/DELIVERY

FOOD SERVICE:

1. List any locations where the food will be served at your home (i.e. dining room, kitchen table, backyard, patio, etc...)

2. What will be done with any remaining food after the food service hours of operation?

FOOD PICK-UP & DELIVERY:

1. Will food products be available for customer pick-up? Yes No

2. Will food products be available for delivery to customers? Yes No

a. If yes, who will deliver the food, what means of transportation will be used during transportation?

3. How will food be kept hot/cold during transportation? _____

4. What will be the maximum geographical distance for delivery of food? _____

5. How often will food be delivered? Daily Weekly Other: _____

6. Indicate the type of food packaging that will be utilized: _____

PREMISES

1. Do you have weekly curbside garbage collection service? Yes No If No, where and how often will garbage be disposed?

2. Identify source of potable water Public Water System _____

Private *All private water supplies must have water quality testing by a State Certified laboratory. Attach a copy of the results for: Bacteriological(quarterly), Nitrate (annual), Fluoride(once)

3. Identify where wastewater is discharged Public Sewer System Private Onsite Wastewater System *Septic system must be properly sized for additional waste flows based on household size and number of meals to be served.

PERMITTEE RESPONSIBILITIES

Please read each statement carefully, initial boxes and sign below to confirm your understanding.

- I understand that I am required to obtain and display a Health Permit from the local enforcement agency and have it available whenever the microenterprise home kitchen is in operation.
- I understand that any approval of a MEHKO is limited to only my private home, where the food will be stored, handled, prepared and served.
- I understand that I may have no more than one full-time equivalent employee, not including a family member or household member.
- I understand that food served at the MEHKO must be prepared, cooked and served or delivered on the same day.
- I understand that I may not engage in food processes that would require a HACCP plan as specified in CRFC section 114419 or produce, serve or sell raw milk or raw milk products, serve or sell raw oysters, smoking of food as a method of preservation, curing, reduced oxygen packaging or sous vide.
- I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service. Service animals may be kept in dining areas.
- I understand that food preparation is limited to no more than 30 individual meals per day and no more than 60 individual meals per week.
- I understand that the MEHKO may not have more than fifty thousand dollars (\$50,000) in gross annual sales in the calendar year. ** Verification of annual gross sales may be requested.*
- I understand that a MEHKO may only sell food directly to consumers and not to any wholesaler or retailer.
- I understand that I am prohibited from outdoor advertising displays and I must comply with all applicable noise ordinances.
- I understand that the premises used as part of the MEHKO must be kept clean, in good repair and free of vermin (e.g. cockroaches, rodents, flies) at all times.
- I understand that linens used in the MEHKO must be laundered separately from the household laundry.
- I have submitted a copy of an approved and accredited Food Safety Certification.
- I have submitted a copy of an approved food handler course for any food employees.
- I have submitted a copy of the Imperial County Health Card.
- I understand that the MEHKO is subject to inspection because of a consumer complaint or upon reasonable advance notice to ensure compliance with the California Retail Food Code.
- The MEHKO must discontinue operation and close for the safety of the public if the following should occur:

- | | |
|--|------------------------------|
| ▪ No hot or cold running water. | ▪ Insufficient refrigeration |
| ▪ Plumbing back up | ▪ No electricity |
| ▪ Cockroach, rodent or fly infestation | ▪ No sanitizer available |
| ▪ Any condition that poses an imminent health hazard to the public | |

ACKNOWLEDGMENT

I understand and agree that if I make changes to my operating procedures, I must notify ICPHD Div. of Environmental Health within 7 days. I also understand that the approval to operate a MEHKO is based upon following the guidelines outlined in the California Retail Food Code (CRFC) and failure to do so may result in the suspension or revocation of the health permit to operate a MEHKO.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____ Title: _____

REVIEWER OF OPERATIONAL PROCEDURES: _____

DATE APPROVED: ____ / ____ / ____ HEALTH PERMIT NUMBER: _____