



HOST FACILITY APPLICATION PACKET

CONTACT INFORMATION
Host Facility Name: _____
Host Facility Address: _____
Host Facility Applicant Name: _____
Host Facility Applicant Phone Number: _____
Host Facility Applicant E-mail: _____

SUBMITTAL REQUIREMENTS	This column for office use: Mark items rec'd ✓
Host Facility Review Fee \$435.00 <small>An additional fee of \$290.00/hr may be applied depending on the extent of the operation and the time required for the review</small>	<input type="checkbox"/>
Completed Host Facility Application Packet <ul style="list-style-type: none"> Site plan drawn to scale (Structural Requirements) Equipment specification sheets Standard Operating Procedures 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Completed Permit Application and Certification Statement	<input type="checkbox"/>
Annual operating permit \$508.00 will be required after the submittal packet has been reviewed and approved.	<input type="checkbox"/>

These items have been included in the request submitted at this time. It is understood that **omissions of any required information will result in a delay of the permit being approved.**

For Office Use Only

Request: SR0 _____ Received By: _____ Date Received: _____

Comments: _____

Response Due : _____ Date Responded: _____

Permitted?: Yes, see application No, close request. Resolved by: _____ Date: _____

Supervisor: _____ Date: _____ Support: _____ Date: _____



SITE PLAN / STRUCTURAL REQUIREMENTS Provide a site plan drawn to scale that includes:	✓ or N/A
Location of the food service operation where the caterer will set up for food service	<input type="checkbox"/>
Location of the handwash sink at the food service area <ul style="list-style-type: none"> • All handwashing sinks must be equipped with hot and cold water or a premixing valve. Provide with a minimum of 100°F warm water under pressure for a minimum of 15 seconds. 	<input type="checkbox"/>
Location of the restroom <ul style="list-style-type: none"> • Must be located within 200 feet of the food service area. • Must be accessible to all food handlers. • Must be equipped with handwash facilities to include same requirement mentioned under “Location of the handwash sink...” section. • Provide a signed agreement if a common-use restroom is to be utilized. 	<input type="checkbox"/>
Location of liquid waste disposal facilities. <ul style="list-style-type: none"> • Provide approved method(s) for disposal of liquid waste. <ul style="list-style-type: none"> ○ Janitorial sink equipped with approved backflow device and hot and cold water. 	<input type="checkbox"/>
Location of refuse waste disposal. <ul style="list-style-type: none"> • Provide approved method(s) for disposal of refuse waste. 	<input type="checkbox"/>
Location of all other related food equipment (if applicable) <ul style="list-style-type: none"> • Include all equipment and fixtures in the facility. • Specify the type of electrical connection(s) that will be provided for food-related equipment brought in by the catering operation. • Specify where equipment will be stored when not in use. • Equipment other than handwash sink may require a site assessment (additional fees apply). 	<input type="checkbox"/>
Location of warewashing sink (if applicable) <ul style="list-style-type: none"> • A supply of potable hot and cold water. • Indicate where the hot water heater is located. The hot water heater must be adequate to provide a hot water supply of a minimum 120°F at the sink fixtures requiring hot water at a peak demand rate. 	<input type="checkbox"/>

EQUIPMENT REQUIREMENTS	✓ or N/A
Provide specification sheets for all food service equipment.	<input type="checkbox"/>
Provide specification sheet for water heater.	<input type="checkbox"/>
Provide specification sheets for a handwash and warewash sink(s). A portable handsink and/or warewashing sink may be allowed if a directly plumbed handsink and/or warewashing sink is not available at service area.	<input type="checkbox"/>



STANDARD OPERATING REQUIREMENTS		✓
Provide a Standard Operating Procedures that includes: <ul style="list-style-type: none"> • Schedules for disposal of liquid and refuse waste. • Schedules for cleaning equipment and structures (if applicable). 	<input type="checkbox"/> <input type="checkbox"/>	
Provide a list of Catering Operations that will be supported by the Host Facility with their menus, dates and times of their operations.	<input type="checkbox"/>	
Provide a copy of Catering Operation(s) Registration (must be maintained on site for 90 days after a Catering Operation operates at Host Facility).	<input type="checkbox"/>	
Provide contact information for Catering operation(s) <ul style="list-style-type: none"> • Including phone number, email, and person in charge. 	<input type="checkbox"/>	

Initial each statement below indicating you understand the requirements:		
STATEMENTS		Initial
1.	A host facility may support a catering operation for only up to four hours in any one 12-hour period, unless otherwise approved by the enforcement agency	
2.	All food, soiled utensils, equipment, tableware, and linen shall be returned to catering operation for cleaning, sanitizing, and storage	
3.	Approved handwashing facilities shall be available onsite at the food service operation	
4.	Approved toilet and handwashing facilities shall be available within 200 feet in travel distance of the food service operation	
5.	All garbage and refuse shall be stored and disposed of in a manner approved by the enforcement agency	

I certify that I meet the requirements of the California Retail Food Code (CRFC), as it pertains to a Host Facility. Prior to making any changes, I acknowledge that I must notify the County of Santa Clara Department of Environmental Health of any intended changes to the above statements. I certify, under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are complete, correct and true.

NOTE: Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act (CPRA).

_____	_____	_____
Owner/ Authorized Agent Signature	Printed Name/Title	Date