

Santa Clara County Department of Environmental Health 1555 Berger Drive, Suite 300, San Jose, CA 95112 Phone: 408-918-3400 • Fax: 408-258-5891

Website: www.ehinfo.org • email: dehweb@deh.sccgov.org

CHECKLIST TO APPLY FOR A MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO)

MEHKO Business Name:				
MEHKO Owner Name:		Owner Phone:		
Email Addre	ess:			
Attached	Required Document			
	MEHKO PERMIT APPLICATION			
	MEHKO STANDARD OPERATING PROCEDURES			
	SELF-CERTIFICATION CHECKLIST			
	WASTEWATER DISPOSAL (choose one): Sanitary sewer: submit proof of sanitary sewer connection (sewer bill, sewer connection permit, property tax bill (is sewer company is listed)			
	Septic system: Submit a copy of a recent septic pumper's report including a 30-minute water test			
	WATER SOURCE (choose one):			
		nity Services District: submit proof of potable water		
		e source-well, spring, surface, etc.)- Submit water total coliform, and nitrates- from a State Certified		

Once the application packet and applicable fee are received, the Department will review and respond within 20 business days, typically via email. Food products not allowed per California Retail Food Code and special food processes requiring a Hazard Analysis Critical Control Point Plan will be denied. The application process may be delayed if required documents and information are not received. The MEHKO permit application packet will expire 90 calendar days from the date the packet and applicable fee are received. Fees are not refundable.

Office Use Only	Application SR#	Application AR#
	Support:	Date:



PERMIT APPLICATION & CERTIFICATION STATEMENT

DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION
1555 Berger Dr., Suite 300
San Jose, CA 95112-2716
Phone (408) 918-3400

Website:www.ehinfo.org
Email: dehweb@deh.sccgov.org

Owner Information: Owner Name: (First and Last Name of MEHKO Owner, no Inc., LLC, or partnership) Phone: _____ Ext: ____ Email: _____ Has/Does the owner had/have a permit to operate a Facility in Santa Clara County? □ No □ Yes (If Yes, please answer the following): Facility ID#: FA0 Facility Name: **MEHKO Information:** MEHKO Name (DBA- may not have Inc. or LLC in name): _____Unit #: ____ City: ______ ST: ____ Zip: ____ Website (if applicable): Social Media Apps (if applicable): _____Internet Intermediary (if applicable): ____ Emergency/Alternate Contact: Phone: Please send Official/Billing Correspondence to: Other (Please specify below): Owner OR This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct, and true. The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes. Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines, and permit suspension/revocation proceedings. NOTIFY the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of a change. PERMITS AND FEES ARE NOT TRANSFERABLE 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. Signature: Date: Print Name: FOR OFFICE USE ONLY: Facility ID# FA0_____(□Add New) New Owner ID# OW0 (□Add New) City Code: Stanford (19) Unincorporated Area (16) **Business Code: 02** General Program ID# PR0 (□Add New) Designated Employee ID: Current Permit Valid from: / / to / P/E: FP45 Status:01 (Active Billable) General Permit ID# PT0 _____ (□Add New) Permit Status: _____21____ Permit Type: □P Permit Conditions and Descriptions: [Supervisor Initials] □ Add ☐ Modify ☐ Delete Conditions: Approved by: _____(Specialist) ______ Date: _____ Date e/Mailed: __\$: _____ Supervisor: ____ Entered Date: New AR#: Invoice #: Support Staff:



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MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) SELF-CERTIFICATION CHECKLIST

MEHKO Business Name:	Date:			
MEHKO Owner Name:				
I self-certify that my MEHKO food operation will conform to the following requirements:				
Facility Requirements: INITIAL HERE:				
The MEHKO is in the private primary home where I reside.				
Permission has been given by the property owner to operate a MEHKO from the	is residence.			
The MEHKO will not exceed verifiable gross annual sales limitations based on California Consumer Pric Index.				
All preparation, packaging, storage, or handling of MEHKO food products will take place in the private kitchen within my home (products may be stored in attached rooms within the home that are used exclusively for storage).				
Sleeping quarters are excluded from areas used for MEHKO food preparation of	or storage.			
A bathroom with a sink that has warm water at a minimum of 100°F, liquid hand soap and paper towels are available for handwashing.				
Sanitation Requirements: INITIAL HERE:				
Kitchen equipment and utensils used to produce MEHKO products will be crepair, and protected from contamination.	lean, maintained in good			
A sink is available with hot and cold water. Hot water is available at a minimum	of 120°F.			
All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of an cottage food products will be washed, rinsed, and sanitized before each use. A sanitizer solution of 100ppm chlorine may be used (may use plain bleach.)				
All food preparation and food/equipment storage areas will be maintained free of rodents and insects.				
Food Preparation Requirements: INITIAL HERE:				
MEHKO operator must obtain a Food Safety Certificate. The Food Safety Certificate must be available for review during routine inspections.				
MEHKO employee (if applicable) and all persons that prepare or package MEHKO products must obtain				

Food Handler Card. The Food Handler Card must be available for review during routine inspections.

Hands will be washed immediately before handling foods and after any activity that contaminates the hands such as after using the toilet, coughing, or sneezing, changing a diaper, touching pets, cleaning

house, handling chemicals, eating or smoking.

Food, food-contact surfaces, and utensils will be protected from contamination.

Food will be free from adulteration and spoilage.

Single-use gloves will be worn if the food handler has any cuts, sores, rashes, artificial nails, nail polish, rings (other than a plain ring, such as a wedding band), uncleanable wrist brace, or fingernails that are not clean, smooth, or neatly trimmed.

- Hands will be washed before putting on gloves.
- Gloves will be changed as often as handwashing is required.

All food ingredients used in the MEHKO products will be from an approved source.

During MEHKO operations, domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment will be excluded from the kitchen.

Infants, small children (younger than 12 yr. old), and pets will be excluded from the kitchen.

Smoking will be prohibited in the area(s) of the home used for the MEHKO.

Any person with a contagious illness or is ill with vomiting and diarrhea will not work or enter the permitted area of the MEHKO.

Advertisement & Residential Requirements:

INITIAL HERE: _____

The MEHKO residence will not post signage or other displays advertising the MEHKO.

If the MEHKO business is advertised (i.e., website, social media, print ads, etc.), it will indicate the name of the enforcement agency that issued the permit, permit number, and a statement that the food prepared is "Made in a Home Kitchen".

The MEHKO will not use the word "catering" or any variation of the word in any advertisement related to the MEHKO

The MEHKO will comply with local noise and nuisance ordinances.

Obligation to Discontinue Operation:

INITIAL HERE:

The MEHKO must discontinue operating if certain problems arise. These include, but are not limited to the following:

- Cockroach, rodent, or fly infestation.
- No electricity
- Fire
- Lack of or broken refrigeration

- No available sanitizer to wash dishes.
- III food handler/employee
- Any other condition that poses an imminent health hazard to the public



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MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) STANDARD OPERATING PROCEDURES

PLEASE PRINT OR TYPE ALL INFORMATION.

HOME KITCHEN OPERATOR INFORMATION							
Name of Operation:			Operator's Phone Number:				
MEHKO Owner's Name:			MEHKO Employee's Name (if applicable):				
MEHKO's Addres	s:			City:		State:	ZIP:
Email:				Website (if applicable	e):		
				S OF OPERATION			
Please describ	e a typical so	chedule of your	operation inc	luding day(s)/time(s) when fo	ood is prepar	ed and served.
Sun:	Mon:	Tue:	Wed:	Thurs:	Fri: 		Sat:
Estimated num	ber of meals t	o be prepared e	ach day. <u>Canno</u>	t exceed 30 meals pe	er day, and	no more than s	90 meals per
Sun:	Mon:	Tue:	Wed:	Thurs:	Fri:_		Sat:
		GE	NERAL REQ	UIREMENTS			
Please read ea Department of				m your understand	ling. Conta	act Santa Clai	ra County
I understand that no more than one full-time employee, not including family members or household members, is allowed. Initials							
I understand that all food must be served, or delivered to the customer, on the same day as it is prepared or cooked. Leftovers will not be used, sold, or given away. Initials					or		
I understand that food processes that require a Hazard Analysis Critical Control Point Plan, as specified, including but not limited to smoking, curing, reduced oxygen packaging, and sous vide are not allowed.							
							Initials
I understand that the production, manufacturing, processing, freezing, or packaging of milk or milk products such as cheese, ice cream, yogurt, sour cream, butter, and the service and sale of raw oysters and raw milk							
is not allowed.	· · · · · · · · · · · · · · · · · · ·						Initials
The areas used for my MEHKO must always be clean, sanitary, in good repair, and free of vermin (i.e., cockroaches, rodents, flies).					Initials		
I understand that my MEHKO is subject to an annual inspection by Santa Clara County Department of Environmental Health and if a complaint is received or a food-illness investigation is needed. <i>The Department of Environmental Health may seek reimbursement of inspection costs if the MEHKO is found to be in violation.</i>					nent Initials		
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FOOD PROTECTION & STORAGE				
I will use a calibrated probe thermometer to confirm that the temperature of all potentially hazardous food is				
held at, or above, 135°F or at, or below, 41°F.	 Initials			
I will verify, with a calibrated probe thermometer, that food of raw animal origin or containing food of raw	muais			
animal origin will be cooked to meet minimum internal temperature requirements as follows:				
 poultry, ground poultry, stuffed meat/fish/poultry, pasta stuffed with meat to 165°F for 15 secs. 				
ground meat to 155°F for 15 secs				
pork, fish, eggs to 145°F for 15 secs	Initials			
I understand that all food must be obtained from an approved source. An approved source means a place				
that has an operating permit with the Department of Environmental Health (i.e., grocery store, Farmer's Market, convenient store).				
List and describe all areas where food and utensils used for the MEHKO will be stored.	Initials			
WARE WASHING				
1. Multi-use utensils and equipment will be cleaned and sanitized using the following method(s): (check all that	t apply)			
Utensil washing sink Dishwasher				
2. Type of sanitizer that will be used:				
☐ Chlorine (100 ppm – 1 tablespoon of unscented chlorine bleach per gallon of water)				
☐ Another approved sanitizer:				
Describe your cleaning and sanitizing process. *State law requires that kitchen utensils use the three-step cleaning and sanitizing process.	•			
process: 1) wash with soapy water, 2) rinse with just water, 3) sanitize with a sanitizing agent such as bleach.				

	FOOD SERVICE/DELIVERY				
	I understand food orders and payments may be accepted via internet, mail, or phone. All food must be delivered directly (in person) to the customer. No food can be delivered via third-party delivery service (non-employee, non-household, and non-family members), unless the customer has a physical or mental condition that is a disability which limits their ability to access the food without the assistance of a third-party delivery service. Records must be maintained on the number and dates of food deliveries.	 Initials			
1.	Will you be allowing on-site dining in your home? If so, please describe all areas where the food will be so your residence.	served in			
2.	Will food be delivered to customers? ☐ No ☐ Yes (<i>If yes, please answer the following</i>):				
	Will the food be delivered within 30 minutes of packaging? U No U Yes If delivery, exceeds 30 minutes, how will food temperatures be maintained hot/cold?				
3.	Will food be available for pick up by customers? No Yes (If yes, please answer the following):				
	Will the food be picked up within 30 minutes of packaging? ☐ No ☐ Yes If pickup, exceeds 30 minutes, how will food temperatures be maintained hot/cold?				
	LIQUID WASTE/ REFUSE				
I understand that in the event of septic failure or plumbing issues the MEHKO must immediately contact the Department of Environmental Health and cease all MEHKO preparation until repairs are completed and all affected areas are cleaned and sanitized.		Initials			
l ur	I understand, grease and oil waste cannot be disposed down any sinks in the MEHKO residence. Initial				
Where and how will garbage be discarded on your property?					
2.	How often is garbage picked up from your property?				

	FOODS TO BE PREPARED
	List all cooking equipment, such as ovens, stoves, etc. and food equipment, such as blenders, food processors, cutting boards, etc. used for the MEHKO. Please note that food contact surfaces must be easily cleanable and non-absorbent.
2.	What constitutes a meal for your MEHKO? List all "meals" proposed. Example: 12" pizza = 1 meal, tamale plate combination = 1 meal.

Complete the following for all food and beverages offered. Attach additional pages if necessary.				
Menu Item	Indicate if this item is an Appetizer Entrée, Side, Dessert, or Beverage	Ingredients (please be aware of the 8 major food allergens)	Will the food or beverage be offered hot, cold, or at room temperature? Where will it be stored to maintain proper temperature?	
		ACKNOWLEDGMENT		
I understand and agree that any changes to my operating procedures, including the menu, will require prior approval from this Department. I also understand that the approval to operate a MEHKO is based upon my adherence to the California Retail Food Code, Santa Clara County Ordinance, and all other information provided in this document. Failure to operate in accordance with these Standard Operating Procedures (SOP) may result in permit suspension and/or the repeal of approval to operate a MEHKO.				
Signature:Date:				
Print Name:	Print Name: Title:			
For Office Use Only				
Approved By: Date:				
(Sr. REHS Specialist)				