Catering Application

This document will help you prepare the required written description of your proposed catering activities and the equipment and standard operating procedures that you propose to use for your catering operation. Caterers may operate at contracted private events, permitted community events, or at a permitted host facility. A signed and APPROVED copy of this document must be maintained with your catering operation during all operating hours.

A non-refundable review fee of \$122.00 will be charged at the time of submittal for all Catering applications.

Please note that any changes to the menu, equipment, or procedures listed on your approved form will require another review and written approval by Environmental Health.

Catering C	Operation Name:				
Business Owner Name:Phone #:					
Email:					
Mailing Ac	Address:	Zip Code:			
	Documents to Include				
✓	Check the following items as yo	u include them with this	document.		
	Complete and submit an application. Ens	ure that all information is legibl	e.		
	Kitchen Agreement- The Caterer must prepare and store all food and equipment at kitchen (permitted food facility). The Caterer and the proposed kitchen must complete and sign a kitchen agreement form. Caterers operating at host facilities are subject to limited food preparation only (HSC 113818).				
	Menu- List all food and beverage items to be served or sold. (On page 2)				
	Food Protection Manager Certification- Provide proof that an owner or employee has an ANSI certified Food Safety Managers certificate.				
	Food Handler Card- Provide documentation that all other employees have an ANSI approved food handler card.				
	Sample Log- A written log must be maintained for a minimum of 90 days after each operation to include the event name and contact information, location of service date, time, menu of food and beverages served.				
Permit Fee- Permit fee of \$287.00 is required at time of application for permit. Make checks payable to: Tulare County Environmental Health Services					
Amount Pa	Paid: FA:	PR:_			
Receipt #:_	:	Received By:			

Food Production

	e:			
aress:				
la d	MENU DESCRIPTI icate all the food and bever	ON (USE ADDITIONAL SHEET ON PAGE 5,	· ·	
ina		WHERE WILL THE FOOD BE PREPARED COMMISSARY ON-SITE		
	FOOD ITEM			
For example: Eq	uipment: Blender	be used. Please be specific Intended use: Make Smooth Intended use: keep food ho	nies	and functi
Equipment	Intended use during food	preparation or catering event		

Food Protection, Transportation, & Operation Setup

3. Food Transport and Storage- Describe the procedures for transportation (more than 30 minutes) and storage of food and equipment. Include methods to cold-hold and hot-hold potentially hazardous foods and the methods to hold food until service (e.g., covered chafing dishes, etc.). Include information about the proposed catering operation booth enclosure and hand sink. Please note that all potential hazardous foods not held at 41°F or below during operation shall be discarded at the end of service.

Food Protection During Transport	Describe how food will be transported in vehicle. (ie. Cambro, ic	e chest)
Hot Holding Method	During Transport-	
(135°F and above)	At Event-	
Cold Holding Method	During Transport-	
/440= 11 1)	At Event-	14. 14. 14. 14. 14. 14. 14. 14. 14. 14.
Utensil	During Transport-	
Protection and Storage	At Event-	
	All catering operations require proper flooring (concrete, tarp, or seale	d wood), and overhead protection.
Catering	Catering operations set up outside and handling open food and bevera	
Operation	with service windows no larger than 216 square inches in size, and at least the square inches in square inches in size, and at least the square inches in size, and at least the square inches in size, and at least the square inches in square inches in size, and at least the square inche	east 18 inches apart.
Booth		
Enclosure	Floor: Walls:	Ceiling:
Catering		5 Gallon Thermal
Operation Hand	I will provide a handwash station with	Continuous Flow Spigot Container Paper Towels
Wash	a five (5) gallon container with warm water at 100 degrees F	ash Bin Soap
	pump soap, paper towels, catch bucket on the ground, Trash can for towel waste.	
	Initial:	
	_	5 Gallon

Cleaning and Sanitizing

4. Cleaning- Describe the procedures you will use to clean and sanitize food contact surfaces, equipment, and utensils at the approved kitchen. (Hint: clean and sanitize utensils every four (4) hours) if participating at community food events.
Indicate the specific sanitizer that you will use by checking the box below:
\Box Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
\Box Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.

	Statements			
Initial next to the below statements indicating that you understand and will abide by them.				
1	The review and approval of this Catering Operation Standard Operating Procedure and health permit for a Caterer must be completed and paid for prior to operating.			
2	A Catering Operation Permit may be used to prepare and serve food at private events, community events, farmer's markets, and permitted Host Facilities only. Make sure to get prior approval from event organizer to participate at community events. <u>Catering at swapmeets is not allowed.</u>			
3	Operating at a host facility is limited to a four (4) hour duration in any one twelve (12) hour period. Upon request, you must provide your operation schedule to Environmental Health for review.			
4	All food must be stored and prepared at the approved commissary. Home preparation of food for a catering operation is prohibited.			
5	The following food processes can only be done in the permitted kitchen and are <u>not allowed</u> at an offsite catering operation. Slicing and chopping unless it is on a heated cooking surface, thawing, cooling of cooked perishable foods, grinding raw ingredients or grinding perishable foods, reheating of perishable foods for hot holding except for steamed or boiled hot dogs and tamales in the original, inedible wrapper.			
6	A temporary handwash station shall be provided at the offsite catering operation with a 5 gallon container with 100 °F warm water, a spigot, soap, paper towels, and catch bucket for waste water. Self-contained portable sinks and plumbed sinks are also allowed.			
7	Handwashing must be done after: using the restroom, sneezing or coughing, handling raw food, smoking, eating or drinking, touching face or hair, handling garbage. Handwashing must always take place before putting on gloves, and before handling any foods or beverages.			
8	Employees shall not prepare or serve food if they are not in good health or have a nasal discharge, gastrointestinal issues, or are diagnosed with a communicable disease that is transmissible through food.			
9	When operating at an off-site food catering operation, a sign must be posted at the event premises with the Catering Operation's name, city, state, zip and name of owner.			

10	Will keep all food protected from contamination. Will provide an adequate supply of utensils for individual use. Will not allow a community dipping container. Will provide new plates and utensils for returning to self-service display. Replace utensils as needed. Keep utensil handles out of food, on a clean surface or in a clean container.
11	At the end of the operational period, all multi-use utensils will be washed and sanitized at the approved kitchen.
12	All Potentially Hazardous Foods that were used in food service shall be discarded at the end of the operation, unless they were kept covered, protected, and held at the proper temperatures
13	Have access to potable water or bring an adequate supply of potable water.
14	All garbage, refuse and liquid waste will be disposed of in an approved manner.
15	All equipment, utensils and food related items shall not be stored in a private home.
16	Any food that has become contaminated, suspected of becoming contaminated or presumed unsafe must be discarded.
17	An approved toilet and handwashing facility will be available within 200 feet of the offsite food service operation.

Acknowledgment

I understand and agree that if I make changes to my operating procedures, I will immediately notify Environmental Health. Revised operating procedures may be provided by fax, E-mail: tularecountyehevents@tularehhsa.org, and in person. Failure to notify Environmental Health of any changes may result in a Notice of Violation, suspension, fees, or revocation of the health permit. Any valid complaint will result in an enforcement fee charged at the current fiscal year rate. I will ensure that all approvals are obtained from all applicable agencies prior to operation (e.g., fire, zoning, etc.). By signing I certify that all information is true and correct.

Authorized Signature:	Date:	
Print Name:	Title:	

COMMISSARY / APPROVED KITCHEN VERIFICATION . FA# MOBILE FOOD FACILITY (MFF) / CATERER PR# COMISARIA / VERIFICACIÓN DE COCINA APROBADA MÓVIL DE ALIMENTOS (MFF) / SERVICIO DE SERVICIOS DE ATENCIÓN INFORMACIÓN DEL NEGOCIO DE MFF / CATERER MFF / CATERER BUSINESS INFORMATION **Business Name:** Nombre de el negocio License Plate Number (if applicable): Número de placa (si corresponde) Owner Name: Nombre del dueño Owner Mailing Address: Dirección postal del dueño City: Zip Code: Phone Number (Home/cell): Número de teléfono (casa/ celular) Email Address: dirección de correo electrónico I, the above-mentioned MFF / Caterer Owner will operate out of the below mentioned commissary and report to the commissary at least once each operating day for cleaning and servicing (As noted below) (Calcode Sec. 114297). I will store the vehicle (if applicable) at the comissary or another approved location. If the use of the commissary is discontinued, I will notify the Environmental Health Division at (559) 624-7400 to make the necessary changes. Yo, el Propietario mencionado anteriormente, operaré desde la comisaria mencionado a debajo y me reportaré a la comisaria al menos una vez cada día de operacion para la limpieza y el servicio (como se indica a continuación) (Calcode Sec. 114297). Guardaré el vehículo (si corresponde) en el comisario u otro lugar aprobado. Si se descontinúa el uso de la comisaría, notificaré a la División de Salud Ambiental al (559) 624-7400 para hacer los cambios necesarios. Signature of MFF/Caterer Owner Firma del propietario de MFF/catering Date Fecha COMMISSARY/ APPROVED KITCHEN FACILITY INFORMATION INFORMACIÓN SOBRE LA INSTALACIÓN DE COCINA APROBADA/COMISARIO Commissary Commercial Kitchen Type of Facility: Business Name: Owner's Name: City: Zip Code: Address: Mobile: Phone Number: (Business) Preparation or packaging of food Potable water supply Storage and overnight parking ☐ Electrical hook-up & service of vehicle Refrigerated/frozen food storage Warewashing of cooking equipment Toilet & handwashing Dry food storage Supplies storage e alimentos secos suministros Waste tank/ sewage disposal facilities Waste grease removal Supply food products ciones de eliminación de aguas residuales I, the Commissary Owner, can and will provide the necessary facilities as checked for the above-mentioned MFF/Caterer at my permitted facility: Yo, el dueño del comisario, puedo proporcionar y proporcionaré las instalaciones necesarias según lo verificado para el MFF/proveedor de catering mencionado anteriormente en mi instalación autorizada: Signature of Commissary/Approved Kitchen Manager Firma del Comisario/Gerente de Cocina Aprobado Date Fecha NOTE: The signature of Commissary/Facility Owner must be a original within 30 days of applying for permit. NO COPIES. NOTA: La firma del Comisario/dueño de la instalación debe ser un original dentro de los 30 días posteriores a la solicitud del permiso. SIN COPIAS. NOTE: Use of an unapproved facility for any of above purposes can lead to revocation of your permit to operate. NOTA: El uso de una instalación no aprobada para cualquiera de los propósitos anteriores puede dar lugar a la revocación de su permiso para operar This section shall be completed and approved by the local Environmental Health Agency where the above commissary is located. Esta sección deberá ser completada y aprobada por la Agencia de Salud Ambiental local donde se encuentra el comisario anterior □ Approved □ Disapproved Verified by: County: Employee #: _____ Date:

Environmental Health Specialist

CATERING LOG SHEET

DATE	NAME OF HOST FACILITY OR EVENT	TIME OF FOOD SERVICE	MENU	FOOD TEMP	FOOD TEMP	IF A CATERED PARTY CUSTOMER NAME,	
		START / END		LEAVING	ARRIVING		
2/19/2022	Mary's Wedding	11:00am-2:30pm	Cheeseburgers, French fries	38F	41F	Mary Customerson 123 House Ave, Food City 555-555-5555	