



HOST FACILITY APPLICATION PACKET

California Retail Food Code Definitions:

Host facility (§113806.1): means a facility located in a brewery, winery, commercial building, or another location as approved by the local enforcement agency, that meets applicable requirements to support a catering operation that provides food directly to individual consumers for a limited period of time, up to four hours, in any one 12-hour period and that has a permit pursuant to Section 114328.1.

Catering operation (§113739.1): means a food service that is conducted by a permanent food facility approved for food preparation where food is served, or limited food preparation is conducted, at a location other than its permitted location, in either of the following circumstances:

- (1) As part of a contracted offsite food service event.
- (2) When operating in conjunction with a host facility with direct food sales.

Catering operation shall not include either of the following:

- (1) Food ordered as takeout or delivery from a food facility, where the food is provided to the consumer for self-service.
- (2) A food facility that is participating as part of a community event.

Limited food preparation (§113818(a)): means food preparation that is restricted to one or more of the following:

- (1) Heating, frying, baking, roasting, popping, shaving of ice, blending, steaming or boiling of hot dogs, or assembly of nonprepackaged food.
- (2) Dispensing and portioning of nonpotentially hazardous food.
- (3) Holding, portioning, and dispensing of any foods that are prepared for satellite food service by the onsite permanent food facility or prepackaged by another approved source.
- (4) Holding, portioning, and dispensing of any foods that are prepared by a catering operation for a host facility.
- (5) Slicing and chopping of food on a heated cooking surface during the cooking process.
- (6) Cooking and seasoning to order.
- (7) Juicing or preparing beverages that are for immediate service, in response to an individual consumer order, that do not contain frozen milk products.

Potentially hazardous food (§113871(a)): means a food that requires time or temperature control to limit pathogenic micro-organism growth or toxin formation.

OPERATIONAL REQUIREMENTS FOR A HOST FACILITY

To make the review process as easy as possible, use the checklist below to assure that you have all the necessary operational requirements for a Host Facility. Once the packet is submitted, you will be contacted by an inspector within 10 business days or within 20 business days if submitted with a facility plan review request.

<input type="checkbox"/>	STANDARD OPERATIONAL PROCEDURES: Host Facilities must maintain operating procedures that describes the procedures, methods, and schedules for cleaning food related equipment; specifications for equipment that will be provided by the Host Facility to support the catering operation and how it will be maintained in good repair; how potentially hazardous foods will be maintained and how you will maintain a list of catering operations that will operate at the Host Facility with their menus, dates and times of their operations.
<input type="checkbox"/>	LOCATION FOR CATERING OPERATION: Host facility must provide a suitable location where the catering operation can set up their operations. The type of food service provided by the catering operation is contingent upon the location where they will set up their equipment. The Host facility must ensure that operations comply with all applicable codes in their jurisdiction, including but not limited to Zoning and Fire Department.
<input type="checkbox"/>	RESTROOMS (TOILET AND HANDWASHING): An approved restroom facility will be required within the Host facility for use by the catering operation. The restroom must be located within 200 feet of the area where the catering operation prepares the food and must be accessible to all food handlers. The restroom must meet all local building and plumbing code standards. A common use restroom agreement must be submitted if a restroom is to be utilized outside of the Host Facility.
<input type="checkbox"/>	ADDITIONAL HANDWASHING: A permanently plumbed handwashing sink, in addition to the restroom hand sink, for catering operation's use may be required. All handwashing sinks shall have a minimum of 100°F-108°F warm water under pressure for a minimum of 15 seconds. Hand sinks must have hand soap and single use paper towels in dispensers.
<input type="checkbox"/>	POTABLE HOT AND COLD WATER: The Host Facility must have a hot water heater that consistently supplies hot water at a minimum 120°F, and that is available at one of the sink fixtures at a peak demand rate.
<input type="checkbox"/>	REFUSE AND LIQUID WASTE: The Host Facility must have approved methods for disposal of refuse and liquid waste. A curbed janitorial sink equipped with hot and cold water and an atmospheric vacuum breaker or other approved backflow device at the faucet may be required
<input type="checkbox"/>	ANNUAL INSPECTION: Host facilities are inspected annually by MCDEH.
<input type="checkbox"/>	FACILITY SITE MAP: Provide a site map of the Host Facility. Indicate the location for the catering operation, restrooms, refuse and liquid waste disposal, and potable water supply.
<input type="checkbox"/>	HEALTH PERMIT APPLICATION: Complete and submit the Health Application Form.
<input type="checkbox"/>	PAYMENT FOR PRELIMINARY/STRUCTURAL INSPECTION FEE: Fee covers the packet review and initial structural inspection.

PERMITTING PROCESS

The complete application packet must be submitted to this Division for review and approval prior to the operation of a Host Facility. Documents may be submitted by mail, in-person, or via e-mail. Incomplete application packets may delay the review process and/or may be referred to the applicant for completion.

For mail or in-person submissions:

Madera County Environmental Health Division
200 W. 4th Street, Ste. 3100
Madera, CA 93638

For e-mail submissions:

EHFOOD-REC@maderacounty.com

An inspector will notify the applicant of the review outcome within 10 business days; 20 business days if a plan review is required. Once the review is complete, a final structural inspection will be conducted to verify compliance with the Host Facility requirements.

The applicant must contact the Food Program at (559) 675-7823 option 2 to schedule the final structural inspection. The operator is responsible for meeting all applicable local government agencies requirements.

PLAN REVIEW PROCESS

The checklist of requirements below will assist you to determine if the facility meets the requirements to become a Host Facility. Depending on the infrastructure available at your facility, you will be able to determine whether a plan review is needed for your proposed Host Facility. The Host Facility must meet **ALL** the structural requirements below. **If any of these items are not currently available at the facility, PLAN REVIEW may be required.**

YES	NO	ITEM DESCRIPTION
		RESTROOM (TOILET AND HANDWASHING): An approved restroom facility is required. The restroom must be located within 200 feet of the area where the catering operation prepares the food and must be accessible to all food handlers. The restroom must meet all local building and plumbing code standards. A common use restaurant agreement must be submitted if a common use restroom is to be utilized outside of the host facility.
		WAREWASHING SINKS: A 3-compartment warewashing sink with dual integral metal drainboards that is certified or classified for sanitation by an ANSI accredited agency program (e.g., NSF, ETL, etc.) may be required. The plumbing must meet all local building and plumbing standards. Consult with the local wastewater authority to determine if a grease trap is required. Grease traps must be positioned outside the food preparation, food storage, and warewashing areas. Grease trap installation will require plan submission and approval of this division.
		HANDWASHING SINK: A permanently plumbed handwashing sink, in addition to the restroom hand sink, for catering operation's use may be required. All handwashing sinks shall have a minimum of 100°F-108°F warm water under pressure for a minimum of 15 seconds. Hand sinks must have hand soap and single use paper towels in dispensers. The plumbing must meet all local building and plumbing standards.
		REFUSE AND LIQUID WASTE: The Host Facility must have approved methods for disposal of refuse and liquid waste. A janitorial sink equipped with hot and cold water and an atmospheric vacuum breaker or another approved backflow device at the faucet may be required. The plumbing must meet all local building and plumbing standards.
		POTABLE HOT AND COLD WATER: A supply of potable hot and cold water. 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.
		LOCATION FOR CATERING OPERATION: The Host Facility must provide a location for the catering operation to set up their operation. Food service operations of the catering operation are contingent upon the location that they will be setting up their equipment. Ensure all applicable codes are complied with including, but not limited to Zoning and Fire.
<p>If you answered YES to ALL the above items, skip to the PERMITTING PROCESS section. If you answered NO to any of the above items, PLAN REVIEW may be required. Refer to the Food Facility Plan Review Guideline for plan review requirements. Plan review fees may apply.</p>		

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FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

SECTION I: PROJECT INFORMATION

FOOD ESTABLISHMENT INFORMATION:

Business Name: _____ Phone Number: _____

Business Address: _____ City: _____ ST: ____ Zip: _____

TYPE OF FOOD ESTABLISHMENT (select all that apply):

<input type="checkbox"/> Bakery <input type="checkbox"/> Bar <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Caterer <input type="checkbox"/> Commercial Cafeteria <input type="checkbox"/> Commissary <input type="checkbox"/> Confectionery	<input type="checkbox"/> Delicatessen <input type="checkbox"/> Food Manufacturing <input type="checkbox"/> Hotel/Motel Continental Breakfast <input type="checkbox"/> Licensed Healthcare Facility <input type="checkbox"/> Meat Market <input type="checkbox"/> Produce Market <input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail Food Market <input type="checkbox"/> Satellite Food Distribution Site <input type="checkbox"/> School Kitchen <input type="checkbox"/> Snack Bar <input type="checkbox"/> Warehouse <input type="checkbox"/> Other:
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Owner/Operator Name: _____ Owner Phone Number: _____

Owner/Operator Address: _____ City: _____ ST: ____ Zip: _____

Email: _____

PROJECT CONTACT INFORMATION:

Contact Person Name: _____ Phone Number: _____

Contact Mailing Address: _____ City: _____ ST: ____ Zip: _____

Email: _____

Company Name: _____ Phone Number: _____

SECTION II: TYPE OF WORK & PLAN REVIEW FEES

- NEW
 MAJOR REMODEL
 MINOR REMODEL

Provide Scope of Work:

PE Code	NEW & MAJOR REMODEL CONSTRUCTION	FEES	
1675	New or Major Remodel - Up to 500 square feet	\$486.00 (3.5 hrs)	
1676	New or Major Remodel - 501 to 1,000 square feet	\$696.00 (5 hrs)	
1677	New or Major Remodel - 1,001 to 6,000 square feet	\$904.00 (6.5 hrs)	
1678	New or Major Remodel - Over 6,000 square feet	\$1,116.00 (8 hrs)	
OTHER			
1670	Minor Remodel	\$405.00 (3 hrs)	
1670	Additional Review Time	\$135.00/hr	
1674	Minor Remodel – Single Piece of Equipment	\$135.00 (1 hr)	
1659	Preliminary Inspection	\$135/hr	
7001	Automation Fee / Software Maintenance Fee	\$20.00	

The plan review fee includes plan check review, any communication regarding the plan check progress, a Final/ Construction opening inspection. The plans will be approved or rejected within **20 working days** after receipt of the payment for the total service fee balance. The Project Contact Person will be notified of the decision in writing. If additional time is required beyond the plan review fees time spent, the current Environmental Health hourly rate will apply.

All approved drawings are valid for the construction, reconstruction, alteration, or other work authorized by the approval within 180 days from the date of approval. If the work authorized is not commenced within 180 days a fee of fifty percent (50%) of the plan check service fee will be charged. Any code changes that render the previously authorized plans void will prompt a new plan revision and full plan review service fees.

SECTION III: EQUIPMENT INFORMATION

1. In the table below, check the box for any equipment that will be **Installed/Replace**. List the **quantity, manufacturer, model number**, Type of American National Standards Institute (**ANSI**) equipment (UL, NSF, ETC, SA, CE, CSA, ETL) and submit the equipment **specification cutsheet** to our office.
2. Each item the **installed/replace box is check** must be depicted in the site-specific floor plans.
3. Equipment not listed below, attached a separate page.

Item#	Equipment	Installed/ Replace	Quantity	Manufacturer Name	Model Number	Type of ANSI
1	3-Compartment Sink	<input type="checkbox"/>				
2	Dishwasher w/Sanitizer	<input type="checkbox"/>				
3	High Temp Dishwasher	<input type="checkbox"/>				
4	Handwashing Sink	<input type="checkbox"/>				
5	Preparation Sink	<input type="checkbox"/>				
6	Janitorial/Mop Sink	<input type="checkbox"/>				
7	Floor Sink	<input type="checkbox"/>				
8	Floor Drain	<input type="checkbox"/>				
9	Refrigerator	<input type="checkbox"/>				
10	Reach in Refrigerator	<input type="checkbox"/>				
11	Walk-in Refrigerator	<input type="checkbox"/>				
12	Freezer	<input type="checkbox"/>				
13	Reach in Freezer	<input type="checkbox"/>				
14	Walk-in Freezer	<input type="checkbox"/>				
15	Ice Machine	<input type="checkbox"/>				
16	Exhaust Hood (Type I)	<input type="checkbox"/>				
17	Vapor Hood (Type II)	<input type="checkbox"/>				
18	Grill	<input type="checkbox"/>				
19	Fryer	<input type="checkbox"/>				
20	Burner Stove	<input type="checkbox"/>				
21	Convection Oven	<input type="checkbox"/>				
22	Food Prep Table	<input type="checkbox"/>				
23	Steam Table	<input type="checkbox"/>				
24	Salad Bar	<input type="checkbox"/>				
25	Soda Dispenser	<input type="checkbox"/>				
26	Blender	<input type="checkbox"/>				
27	Water Heater	<input type="checkbox"/>				
28	Grease Trap	<input type="checkbox"/>				
29	Sneeze Guard	<input type="checkbox"/>				
30	Dipper Well	<input type="checkbox"/>				
31	Coffee Brewer	<input type="checkbox"/>				
32	Coffee Grinder	<input type="checkbox"/>				
33	Espresso Machine	<input type="checkbox"/>				
34	Storage Shelving	<input type="checkbox"/>				
35	Employee Lockers	<input type="checkbox"/>				
36	Door Activated Air Curtain	<input type="checkbox"/>				
37	Garbage Dumpster	<input type="checkbox"/>				
38	Others:	<input type="checkbox"/>				

SECTION IV: ROOM FINISH SCHEDULE

Room or Area	Floor	* Floor Base or Cove	Walls	Ceiling
Example: Kitchen Area	Smooth quarry tile	Quarry tile 3/8-inch radius	Stainless steel; aluminum; ceramic tile	Plastic coated or metal clad fiberboard
Kitchen Area				
Dishwashing Area				
Handwash Sink				
Restroom				
Food Storeroom				
Janitorial/ Mop sink				
Employee Locker Area				
Walk-in refrigerator				
Trash Enclosure				

*Floor surfaces shall continue up the wall for at least 4-inches forming a 3/8-inch radius at the floor/wall junction in all kitchens, food prep areas, areas where food is stored in opened containers, janitorial rooms, toilet rooms, rooms where any utensil is washed, and other related areas.

SECTION V: FOOD FACILITY OPERATIONS

1. Potable Water Source:

- Public: Provide the name of the Public Water System: _____
- Private Well - contact our Water Program for the requirements.

2. Liquid Waste Disposal:

- Public: Provide the name of the public sewage system: _____
- Private Sewage - contact our Liquid Waste Program for the requirements.

3. Provide a copy of the facility **MENU** with the Plans for review.

Describe How the Food Will be Distributed to the Public (i.e. All food on-site is stored/displayed sold in prepackaged state, food preparation occurs, unpackaged beverages):

To determine equipment and refrigeration needs, check left column below of the type of food preparation to take place at this food facility. On the right column, check the type of operations which will occur at this facility.

Food Item Prepared	Food Operation
Meat/meat dished	Refrigeration/Freezing of foods
Fish/fish dishes	Cooking of foods
Poultry/poultry dishes	Cooling foods after they have been cooked or heated
Shellfish	Holding hot foods for more than 30 minutes
Rice, beans and or cheese dishes	Reheating foods which have been prepared onsite
Baked foods	Preparing foods for next day service
Gravies, sauces, or soups	Washing produce
Sandwiches/Salads/Pastas	Washing meat, fish, poultry
Barbecue	Raw or undercooked foods (Sushi, wellness)
NO FOOD PREPARATION WILL TAKE PLACE	Other: Special Processes (ROP, Cook-chill Sous-vide, Dehydrating, etc.) _____

I declare that to the best of my knowledge the information that I have provided is true and accurate. I also agree to conform to all conditions, orders, and directions issued, pursuant to the California Health and Safety Code, and all applicable local ordinances. I understand any change without prior approval from Madera County Environmental Health Division may delay or prevent timely opening of this food establishment.

Applicant Signature

Print Name

Date

Division Office Use Only

SR: _____

AR: _____

IN: _____

PAID ON: _____

Comments:



HEALTH APPLICATION FOOD FACILITY PERMIT

OWNER/OPERATOR INFORMATION:			
Owner/Operator Name (DBA):			
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:			
Home Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone:	Email:		
Has/Does the owner had/have a permit to operate a Facility in Madera County? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, please answer the following:			
Facility ID: FA0	Facility Name:		
FACILITY INFORMATION:			APN:
Business Name:			
Business Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Business Phone:	Email:		
Manager/Person in Charge (PIC):	Phone:		
Mobile Food Facility VIN #:	License Plate #:		
ACCOUNTS RECEIVABLE (Responsible Party for Billing):			
Account Name:	Care of:		
Account Address:	City:	State:	Zip:
Phone:	Mail Invoices to: <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> FACILITY <input type="checkbox"/> ACCOUNT RECEIVABLE		
CHANGE OF OWNER/OPERATOR: (if applicable)			
Date of Ownership Change:			
Will there be a change in the Menu? <input type="checkbox"/> No <input type="checkbox"/> Yes Provide a copy of the proposed Menu			
Will there be a change in operation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain:			
Will there be sales of alcohol at the facility? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Contact ABC for Licensing Requirements			
Will there be any remodeling of the facility or change in equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If Yes, construction plans, plan check application and fees shall be submitted to this division for review and approval.			
FOOD FACILITY OPERATIONS:			
Days and Hours of Operation:			
Type of Meals to be Served: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other:			
Type of Service(s): <input type="checkbox"/> Onsite Consumption <input type="checkbox"/> Take Out/Delivery <input type="checkbox"/> Other:			
Number of Seats:			
Potable Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Private		Liquid Waste Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	

PROPOSED FOOD PROCESSES:

Identify the type of food facility operation being proposed: *(check all that apply)*

Food Service Restaurant (with or without seating)	Cottage Food Operation: <input type="checkbox"/> Class A or <input type="checkbox"/> Class B
Retail Market (Prepackaged Only)	Bar
Retail Market w/Food Preparation (e.g., Coffee, Hot Dogs)	Bed & Breakfast
Food Storage Warehouse (Prepackaged Only)	Caterer
Mobile Food Facility (Enclosed Trailer/Truck)	Delicatessen
Mobile Food Facility (Cart)	Bakery
Commissary/Rental Kitchen	Meat Market
Hotel/Motel Continental Breakfast	Produce Market
Host Facility (e.g., Winery, Brewery)	Other:

To determine equipment and refrigeration needs, identify below the type of food preparation to take place at the food facility: *(e.g., All food on-site is stored/displayed sold in prepackaged state, food preparation occurs, unpackaged beverages)*

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Food Item Prepared	Food Operation
Meat/meat dishes	Refrigeration/Freezing of foods
Fish/shellfish dishes	Cooking of foods
Poultry/poultry dishes	Reheating foods which have been prepared on site
Confection (sweet ingredients)	Holding hot foods for more than 30 minutes
Rice, beans and/or cheese dishes	Cooling foods after they have been cooked or reheated
Baked foods	Preparing foods for next day service
Soups/Stews/Gravies	Washing produce
Sandwiches/Salads/Pastas	Washing meat, fish, poultry, shellfish
Barbecue	Raw or undercooked foods (Sushi, Poki, wellness)
NO FOOD PREPARATION WILL TAKE PLACE	Other: Special Processes (ROP, Cook-chill, Sous-vide, Dehydrating, etc.)

BILLING AND COMPLIANCE ACKNOWLEDGEMENT:

I, the undersigned owner, operator or agent, acknowledge that all fees associated with this facility or activity will be billed to the party identified as the OWNER/OPERATOR on this form. I also certify that all operations will be performed in accordance with all applicable Madera County Ordinance Codes and/or Standards and State and/or Federal Laws. I understand that the annual Health Permit is non-transferable to a different owner/operator and upon change of ownership, or the closure of a business, I will notify this Division in writing within 10 business days before the change occurs.

Failure to pay annual Health Permit fees constitutes operating without a valid permit and the owner/ operator is subject to facility closure and/or penalties.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINT OWNER/OPERATOR NAME: _____

FA: _____
OW: _____
AR: _____
IN: _____

COMMENTS:

DIVISION USE ONLY

RECEIVED BY: _____ DATE: _____