



CATERING FACILITY APPLICATION PACKET

AMADOR COUNTY ENVIRONMENTAL HEALTH, 810 COURT STREET, JACKSON, CA 95642
(209) 223-6439 - www.amadorgov.org - ACEH@amadorgov.org

AMADOR COUNTY

CATERING FOOD FACILITIES

APPLICATION PACKET

Submit the following listed documents for obtaining an annual permit for caterers that want to serve catered food within Amador County.

- Amador County Food Facility Application
- Commissary Verification agreement
- Out of County Commissary - Must include COPY of Commissary Permit
- Copy of Manager's Food Safety Certificate
- Payment
- Catering Standard Operating Procedures

ENVIRONMENTAL HEALTH DEPARTMENT

810 COURT STREET • JACKSON, CA 95642-2132 • PHONE: (209) 223-6439 • FAX: (209) 223-6228
 Email: ACEH@amadorgov.org Website: www.co.amador.ca.us



APPLICATION FOR FOOD FACILITY

Check box(es) that best indicate reason for application

- New Food Facility
 Remodel of an Existing Facility
 New Ownership of an Existing Facility
 Update Information for Existing Facility

FACILITY	(Name)	(Phone)	(Fax)
		(Alt. Phone)	(Email)
(Street Address)		(City, State, Zip)	
(Mailing Address)		(City, State, Zip)	
OWNER	(Name)	(Phone)	(Fax)
		(Alt. Phone)	(Email)
(Street Address)		(City, State, Zip)	
(Mailing Address)		(City, State, Zip)	

MAIL INVOICES TO: Owner Facility

TYPE OF ESTABLISHMENT (Check all that apply)

<input type="checkbox"/> Restaurant <input type="checkbox"/> Restaurant with Bar <input type="checkbox"/> Seating on Premises Fill in # of seats _____	<input type="checkbox"/> Liquor/Convenience Store/Gas Station <input type="checkbox"/> Pre-prepackaged Foods Only <input type="checkbox"/> Food Prep If checked, how many food prep stations _____
<input type="checkbox"/> Food Establishment without seating List type of facility _____	<input type="checkbox"/> Retail Market Fill in square footage _____ <input type="checkbox"/> Food Prep If checked, how many food prep stations _____
<input type="checkbox"/> Bar only	<input type="checkbox"/> Mobile Food Facility <input type="checkbox"/> Food Prep <input type="checkbox"/> No Food Prep Commissary _____
<input type="checkbox"/> Bakery Fill in square footage _____	
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Catering <input type="checkbox"/> On premises <input type="checkbox"/> Off premises (If checked list commissary) Commissary _____
<input type="checkbox"/> School <input type="checkbox"/> Food Prep Kitchen <input type="checkbox"/> Satellite Kitchen	
<input type="checkbox"/> Other _____ _____ _____	

Project Contact Information

(If different than owner)

(Name & Relationship to Project)	(E-Mail)	
(Address)	(City, State, Zip)	
(Phone)	(Alt. phone)	(Fax)

SAFE FOOD HANDLING CERTIFICATION

The State of California Retail Food Code states that food facilities that prepare, handle, or serve non-prepackaged potentially hazardous food, except temporary food facilities, shall have an owner or employee who has successfully passed an approved and accredited food safety certification examination.

Certified Personnel _____ **Date of Certification** _____

EMERGENCY NOTIFICATION

(Contact #1 – Name)	(Day Phone)	(Night Phone)
(Contact #2 – Name)	(Day Phone)	(Night Phone)

OWNER/AGENT'S SIGNATURE

DATE

Notes: _____

Plans submitted to other public agency for water and/or sewer.

(Name of Agency)	(Signature of Agency Representative)
(Name of Agency)	(Signature of Agency Representative)

FOR OFFICE USE ONLY

(Application /Plans Received By)	(Received Date)
(Amount Plan Review Fee)	(Fee Paid Date)
(Plans Approved By)	(Approval Date)
(Facility ID)	(Owner ID)

Environmental Health comments: _____



ENVIRONMENTAL HEALTH

AMADOR COUNTY LAND USE AGENCY

Telephone: (209) 223-6439
Fax: (209) 223-6228
Website: www.co.amador.ca.us
E-mail: ACEH@amadorgov.org

County Administration Center • 810 Court Street • Jackson, CA 95642-2132

COMMISSARY VERIFICATION

Catering Operation/Mobile Food Facility

CATERING /MOBILE FOOD FACILITY INFORMATION

Business Name: _____

Owner Name: _____

Owner Mailing Address: _____ City: _____ Zip Code: _____

Phone Number: () _____

The above-mentioned catering operation/mobile food facility shall operate out of an approved commissary and shall report to the commissary at least once each operating day. If the use of the commissary is discontinued, the permit-holder must notify the Environmental Health Department ((209)223-6439 to make the necessary changes.

Signature of Catering Operation/Mobile Food Facility Owner

Date

COMMISSARY INFORMATION

Commissary Business Name: _____

Commissary Owner's Name: _____

Commissary Address: _____ City: _____ Zip Code: _____

Phone Number: () _____

Type of Facility: Commissary Restaurant Market Other _____

I, the Commissary Owner/Operator, can and will provide the necessary facilities for the above-mentioned Catering Operation/Mobile Food Facility at my permitted facility as checked below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Preparation of food | <input type="checkbox"/> Utensil Wash | <input type="checkbox"/> Store refrigerated/frozen food |
| <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Store Dry Food | <input type="checkbox"/> Store Supplies |
| <input type="checkbox"/> Toilet & handwashing | <input type="checkbox"/> Overnight parking | <input type="checkbox"/> Supply food products |
| <input type="checkbox"/> Waste tank sewage disposal facilities | | |

Signature of Commissary Owner

Date

***Commissary means a food establishment in which food, containers, equipment, or supplies are stored or handled, food is prepared or pre-packaged for sale or service at other locations, utensils are cleaned, and liquid or solid wastes are disposed of.**

ENVIRONMENTAL HEALTH DEPARTMENT

LAND USE AGENCY

810 COURT STREET JACKSON, CA 95642-2132 PHONE: (209) 223-6439 FAX: (209) 223-6228



CERTIFIED PROFESSIONAL FOOD MANAGER EXAMINATION PROVIDERS

This list is provided for information purposes only and is not to be interpreted as a complete listing or endorsement of any particular group or firm by the Amador County Environmental Health Department.

AGENCY	TELEPHONE NUMBER	LANGUAGES OFFERED
AAA Food Handler Training School www.aaafoodhandler.net	(877) AAA-FHTS (877) 222-3487	English, Spanish, Chinese, Korean, Japanese, Vietnamese, Arabic
American Food Safety Institute www.americanfoodsafety.com	(800) 723-3873	English, Spanish
Family Health Services www.familyhealth-services.com/food	(866) 754-7030	English, Spanish
Fidelity Loss Control Management (F.L.C.M.) www.fidelitysafety.com	(866) 221-4045	English, Spanish
Focus Food Safety www.FocusFoodsafety.com	(800) 845-2573	English, Spanish Exam & study guide only: Korean, Vietnamese, Chinese traditional
Make Food Safe www.makefoodsafes.com	(800) 510-0525	English, Spanish, Chinese, Korean, Vietnamese
National Restaurant Association Education Foundation www.nraef.org www.servsafe.com	(800) 765-2122	English, Spanish, Korean, Chinese
National Registry of Food Safety Professionals www.nrfsp.com	(800) 446-0257	English, Spanish, Korean, Vietnamese, Chinese, Arabic, Japanese

The Amador County Environmental Health Department periodically holds classes.
Please call (209) 223-6439 for class availability



County of Amador

ENVIRONMENTAL HEALTH DEPARTMENT

810 Court Street
Jackson, CA 95642

Catering Standard Operating Procedures

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 business. All required documents will be reviewed during an in-office consultation. Once these procedures are approved, a field consultation will be required for an onsite evaluation at the proposed commissary location. A signed and APPROVED copy of this document must be maintained with your Catering operation during all operating hours.

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 Business Name: _____ Environmental Health Permit #: _____

Business Owner Name: _____ Phone #: _____

E-mail: _____ Fax #: _____

Mailing Address: _____ City: _____ Zip Code: _____

Documents to Include

<input checked="" type="checkbox"/>	Check the following items as you include them with this document.
<input type="checkbox"/>	Complete and submit an application. Ensure that all information is legible.
<input type="checkbox"/>	Commissary Agreement- The Caterer must prepare and store all food and equipment at a commissary kitchen (permitted food facility). The Caterer and the proposed commissary must complete and sign the commissary agreement. Caterers operating at host facilities are subject to limited food preparation only (HSC 113818).
<input type="checkbox"/>	Specification Sheets- Submit specification or cut sheets for your equipment, including the portable mechanical refrigeration, overhead protection/enclosure, and portable hand-washing sink(s) carts that will be utilized during a Catering event. Provide documentation that shows the certification for sanitation and electrical standards by an American National Standards Institute (ANSI) accredited certification program such as NSF, UL, ETL, etc. for all equipment and refrigeration.
<input type="checkbox"/>	Menu- Include any menus. List all food and beverages items to be sold. (Refer to page 2 & 5)
<input type="checkbox"/>	Food Protection Manager Certification- Provide proof that an owner or employee has a valid Food Protection Manager certificate or card.
<input type="checkbox"/>	Food Handler Card- Provide documentation that all employees have a valid food handler card.
<input type="checkbox"/>	Log- A written log must be maintained for a minimum of 90 days after each operations to include the event organizer name and contact information, location of service, menu of foods and beverages served. When operating at a host facility, the log shall include your menu and location/date/time of operation. Please describe how you will log this information (i.e. What type of database) and provide a sample of that log.

Food Production

1. Indicate the location where you will store food and equipment at the end of the day.

Commissary Name: _____ Environmental Health Permit #: _____

Address: _____

MENU DESCRIPTION <small>(USE ADDITIONAL SHEET ON PAGE 5, IF NECESSARY)</small>		
Indicate all the food and beverage items for sale.	WHERE WILL THE FOOD BE PREPARED?	
FOOD ITEM	COMMISSARY	ON-SITE
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

2. List equipment and utensils that will be used. Please be specific on equipment's use and function.
 For example: Equipment: Blender Intended use: Make Smoothies

Equipment	Intended use during food preparation or catering event
Refrigerator	

3. **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 enclosure and handsink. Please note that all potential hazardous foods not held at 41°F or below during operation shall be discarded at the end of service.

- Transport Vehicle**
- Interior is constructed of smooth, washable, impervious material.
 - Holding area does not drain liquid to street, sidewalk, or premises.

Hot Holding Method (135°F and above)	During Transport-
	At Event-
Cold Holding Method (41°F and below)	During Transport-
	At Event-
Other Food Storage	During Transport-
	At Event-
Equipment	During Transport-
	At Event-
Enclosure and Handsink	Enclosure-
	Handsink-
Closing Procedures	Food Disposal-
	Transport-

4. Cleaning- Describe the procedures you will use to clean and sanitize food contact surfaces, equipment, and utensils at the commissary.

Indicate the specific sanitizer or sanitizing method that you will use by checking the box below:
 Contact with a solution of 100 ppm (parts per million) available chlorine for at least 30 seconds.
 Contact with a solution of 200 ppm available quaternary ammonium for at least one minute.
 Check the option you will use: Commercial pre-mixed solution or I will prepare my own sanitizer solution

Statements		
Initial next to the below statements indicating that you understand and will abide by them.		
_____	1	A Catering permit may be used to prepare and serve food at private events and host facilities only. Operating at a Community Event or Certified Farmer's Market requires a separate health permit.
_____	2	All food must be stored and prepared at the approved facility. Home preparation of food is prohibited. Only limited food preparation, as defined in CRFC, is allowed at an off-site food service event.
_____	3	When operating at an off-site food service event, a sign or business cards must be posted/ provided at the event premises stating the Caterer's business name, address, and permit number.
_____	4	A plan check fee must be paid prior to each consultative appointment and an operational health permit for a Caterer must be applied and paid for prior to operating.
_____	5	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.
_____	6	At the end of the operational period, all multi-use utensils will be washed and sanitized at the approved commissary/permitted food facility.
_____	7	Have access to potable water.
_____	8	All garbage, refuse and liquid waste will be disposed of in an approved manner as approved by Environmental Health.
_____	9	All equipment, utensils and food related items shall not be stored in a private home when not conducting catering activities.
_____	10	Any food that has become contaminated, suspected of becoming contaminated or presumed unsafe must be discarded.

Acknowledgment

I understand and agree that if I make changes to my operating procedures, I must notify Environmental Health within 7 days. Revised operating procedures may be provided by fax, E-mail: info@nameyourcounty.us, in person or mailed to one of our offices listed at the on this form. Failure to notify Environmental Health of any changes may result in a Notice of Violation, suspension, or revocation of the Health Permit issued to me to operate as a Caterer. Ensure approvals are obtained from all applicable agencies prior to operation (e.g., fire, zoning, etc.).

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

