



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration Clinic Services Public Health
 Behavioral Health Emergency Medical Services Public Administrator/Public Guardian
 Environmental Health/Animal Services

Nationally Accredited for Providing Quality Health

MICROENTERPRISE HOME KITCHEN OPERATION – STANDARD OPERATING PROCEDURES

To initiate the review of your application to operate a food business within your residential kitchen, please complete and submit this form, along with the following applicable documents, and non-refundable review fee [fee based on local enforcement agency] to the [local enforcement agency]. **PLEASE PRINT OR TYPE ALL INFORMATION**

HOME KITCHEN OPERATOR INFORMATION			
Name of Business (DBA):			
Owner's Name:			Phone Number:
Owner's Address:		City:	State: ZIP:
Food Employee(s) Name:			Number of hours per week:
Additional Food Employee Name (if applicable)			Number of hours per week:
Email:		Website:	
Name Internet Food Service Intermediary (If applicable):		Contact Name Internet Food Service Intermediary:	
PROPOSED HOURS OF OPERATION			
Identify day(s)/times when food production will occur <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Proposed number of meals to be prepared on each day Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Identify days when food will be offered for consumption on the premises <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Identify days when food will be offered for delivery <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
How will food products be sold? <input type="checkbox"/> On-site within home <input type="checkbox"/> Third Party Intermediary <input type="checkbox"/> Internet (web address) <input type="checkbox"/> Other: _____			
FOOD EMPLOYEE HYGIENE/HEALTH			
<ul style="list-style-type: none"> • In the event that a food employee or resident of a private home is experiencing symptoms of a gastrointestinal illness or diagnosed with an illness that can be transmitted by food or by a food handler, the permit holder shall 			

Chlorine (100 ppm) Quaternary ammonium (200 ppm) Iodine (25 ppm) Other: _____

Describe cleaning and sanitizing process to be followed:

FOOD /UTENSIL STORAGE

1. Are you storing food (ingredients or finished product) at any place other than within the kitchen? Yes No

If yes, please indicate where: _____

FOOD SERVICE/DELIVERY

FOOD SERVICE:

1. List any locations where the food will be served at your home (i.e. dining room, kitchen table, backyard, patio, etc...)

2. What will be done with any remaining food after the food service hours of operation?

FOOD PICK-UP & DELIVERY:

1. Will food products be available for customer pick-up? Yes No

2. Will food products be available for delivery to customers? Yes No

a. If yes, who will deliver the food, what means of transportation will be used, and how will food be held hot/cold during transportation? _____

3. How will food be held hot/cold during transportation? _____

4. What will be the maximum geographical distance for delivery of food? _____

5. How often will food be delivered? Daily Weekly Other: _____

6. Indicate the type of food packaging that will be utilized: _____

PREMISES

1. Do you have weekly curbside garbage collection service? Yes No

Weekly curbside garbage collection service is required to qualify for MEHKO permit. **Attach copy of garbage service when submitting this application.**

2. Identify source of potable water? Public Water System Private Well*

* *Bacteriological test (quarterly), Nitrates (annually), Nitrites (every 3 years), and constituents of concern such as Fluoride and Arsenic (once) may be required by the local enforcement agency.*

Attach water service contract, bill, recent receipt or private/public well agreement when submitting this application.

3. Identify how waste water is discharged? Public Sewer System Private Onsite Wastewater System

Attach public sewer contract, statement, or recent receipt when submitting this application.

4. Identify types of ventilation that will be provided to remove gases, odors, steam, heat, gases, vapors and smoke from the food preparation area? _____

PERMITTEE RESPONSIBILITIES

Please read each statement carefully and sign below to confirming your understanding.

- I understand that I am required to obtain and maintain a Health Permit from the local enforcement agency and have available when requested.

- I understand that approval of a MEHKO is limited to only my private home, where the food will be stored, handled, prepared and served.
- I understand that I may have no more than one full-time equivalent employee, not including family members or household members.
- I understand that food served at the MEHKO must be prepared, cooked and served or delivered on the same day.
- I understand that I may not engage in food processes that would require a HACCP plan as specified in CRFC section 114419 or produce, serve or sell raw milk or raw milk products, or serve or sell raw oysters.
- I understand that the service of raw oysters and raw milk products is prohibited.
- I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service. Service animals may be kept in dining areas.
- I understand that food preparation is limited to no more than 30 individual meals per day and no more than 90 individual meals per week.
- I understand that the MEHKO may not have more than one hundred thousand dollars (\$100,000) in gross annual sales in the calendar year. Verification of annual gross sales may be requested by the local enforcement agency.
- I understand that a MEHKO may only sell food directly to consumers and not to any wholesaler or retailer.
- I understand that I am prohibited from outdoor advertising displays and must comply with all applicable noise ordinances.
- I understand that I must keep the premises used as part of the MEHKO must be kept clean, in good repair and free of vermin (e.g. cockroaches, rodents, flies) at all times.
- I understand that I must submit a copy of successful completion of an approved and accredited food safety certification examination within 60 days of commencing operation.
- I understand that I must submit a copy of successful completion of an approved food handler course for any food employees within 30 days of commencing food preparation.
- I understand that the MEHKO is subject to inspection as a result of a consumer complaint or upon reasonable advance notice to ensure compliance with the California Retail Food Code.

ACKNOWLEDGMENT

I understand and agree that if I make changes to my operating procedures, I must notify the local enforcement agency within 7 days. I also understand that the approval to operate a MEHKO is based upon following the guidelines outlined in the California Retail Food Code (CRFC) and failure to do so may result in the removal of the approval to operate a MEHKO.

Signature: _____ Date: ____/____/____

Print Name: _____ Title: _____

REVIEWER OF OPERATIONAL PROCEDURES: _____

DATE APPROVED: ____/____/____ HEALTH PERMIT NUMBER: _____