



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

LIMITED SERVICE CHARITABLE FEEDING OPERATION REGISTRATION FORM

ORGANIZATION INFORMATION

Organization name: _____

Physical address: _____ City: _____ CA Zip: _____

Site representative: _____ Phone: (____) _____

Internet website: _____ Email: _____

FOOD OPERATION

Type of Food Operation (check all that apply):

- *Distribution of 100% prepackaged, shelf-stable foods (Category 1)
- *Distribution of 100% prepackaged, shelf-stable and perishable foods (Category 2)
- Reheat or portion commercially prepared foods with no further processing (Category 3)
- Heat, portion, or assemble a small volume of commercially prepared foods or ingredients that are not prepackaged (Category 4)

* If you only distribute prepackaged foods in conjunction with a local food bank, you do not need to fill out this form. Contact your local food bank for more information.

FOOD SOURCES

Food Sources: Buy food Receive donated food

List all food sources, restaurants, grocery stores, or other permitted kitchens that you will obtain food from.

FOOD DISTRIBUTION

Frequency of Food Distribution: Indicate your operating days and hours.

Distribution Locations, if Different Than Physical Address:

TYPICAL MENU ITEMS AND PREPARATION ACTIVITIES

Fill out the following if your Limited Service Charitable Feeding Organization provides any open food (categories 3 and 4). Note that further evaluation of processes may be necessary to determine if your operation is consistent with registration requirements.

Ex: Pre-made pasta salad. Open container and serve with serving spoon. No further preparation required.

CERTIFICATION STATEMENT: I declare to the best of my knowledge and belief that the description of use and information contained on this document is correct and true. I agree to conform to all conditions, food safety best management practices and directions submitted with this document and understand that adherence to this checklist does not preclude this operation from being required to obtain a health permit as per the California Retail Food Code (CRFC) Sections 113789, 114380, and 114381. The Monterey County Environmental Health will investigate citizens' complaints and/or reports of suspected foodborne illnesses and may enforce all pertinent code sections in the CRFC.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Office Use Only:
Registration # _____ Approved By: _____ Date: _____