



County of Santa Cruz

Health Services Agency ♦ Environmental Health Division

701 Ocean Street, Room 312, Santa Cruz, CA 95060
(831) 454-2022 Fax : (831) 454-3128 TDD/TTY - Call 711 www.scceh.com

FOOD FACILITY PERMITTING ACKNOWLEDGEMENTS

Please review the following conditions for food facility permitting. Initial each line to acknowledge receipt of the information and sign below.

- _____ I must pay the annual permit fee before my permit expires to continue food service. I will be subject to late fees and facility closure if my account is delinquent.
- _____ Health permits are site, operator and service specific and **non-transferrable**. I will need to apply for another permit if I change the location of my kitchen/ facility. I may need additional permits if I expand my service.
- _____ I will be subject to unannounced inspection by the Santa Cruz County Environmental Health Division. Inspection staff will provide identification (badge or business card) upon request.
- _____ I am aware that inspection staff may request documentation related to an inspection/ investigation, take pictures, collect samples, discard product or impound food/ equipment.
- _____ I may be issued violation notices, charged re-inspection fees, referred to another agency, and/or subject to closure if I am found to be out of compliance with food safety regulations.
- _____ I shall ensure there is always at least one person in charge during food service. At least one person per facility shall hold a Food Safety (Manager's) Certificate within 60 days of start of service if required.
- _____ All food service staff (except the person with the Food Safety Certificate) shall provide proof of a Food Handler Card within 30 days after the date of hire. Staff shall be knowledgeable of safe food practices as they relate to their assigned duties regardless of certification.
- _____ I will not allow individuals to prepare food when with an illness transmissible through food. I will notify the Santa Cruz County Environmental Health Division at (831) 454-2022 when a food employee has been diagnosed with Salmonella typhi, Salmonella spp., Shigella spp., Entamoeba histolytica, Enterohemorrhagic or shiga toxin producing Escherichia coli; Hepatitis A virus, Norovirus, or other communicable disease transmissible through food or when two of more food service employees are concurrently experiencing acute gastrointestinal illness. I will have an illness policy and train my staff regarding illness restrictions and exclusions.
- _____ I will voluntarily close and discontinue food service work when there is no potable water, hot water, electricity, wastewater services or other vital food service equipment.
- _____ I will continuously monitor for cockroaches, rodents, flies and other pests. I will take immediate action to eliminate any pest and close voluntarily if they are observed in places that can contaminate food.
- _____ I must obtain review and approval from the Santa Cruz County Environmental Health Division prior to changing/ adding equipment, changing my menu/mode of service or making modifications to the food service facility.

Business Name: _____

Owner Name: _____

Signature: _____ Date: _____

For Office Use Only

Reviewed By: _____ Date: _____