



County of Santa Cruz Health Services Agency Environmental Health

701 Ocean Street, Room 312 ❖ Santa Cruz, CA 95060

831-454-2022 ❖ Fax 831-454-3128

<https://www.scceh.org/>

FOOD FACILITY HEALTH PERMIT APPLICATION

(Aplicación Para Permiso de Instalación de Comida)

BUSINESS NAME <i>(Nombre del Negocio)</i>			FOR OFFICE USE <i>PARA USO DE OFICINA</i>	
FACILITY ADDRESS <i>(Dirección del Negocio)</i>			DATE	
CITY <i>(Ciudad)</i>	STATE <i>(Estado)</i>	ZIP <i>(Código Postal)</i>	CASH/CHK/MONEY ORDER CHK#	AMT
OWNER NAME <i>(Nombre de Dueño)</i>			CHECK DATE	
OWNER MAILING ADDRESS <i>(Dirección de Correo del Dueño)</i>			CHECK ISSUED BY	
CITY <i>(Ciudad)</i>	STATE <i>(Estado)</i>	ZIP <i>(Código Postal)</i>	RECORD ID	PROGRAM ELEMENT
PHONE <i>(Teléfono)</i>	E-MAIL <i>(Correo electrónico)</i>			

Include if Applicable *(Incluya si Aplica)*

- Articles of Organization or Incorporation if an-LLC or INC *(Artículo de Organización o Incorporación si es LLC o INC.)*
- Planning Department Zoning Clearance-Unincorporated Only *(Liberación del Departamento de Zonas-Áreas no Incorporadas)*
- Time as a Health Control Plan, HACCP Plan or other State Approved Variance *(Plan de Tiempo Como Control de Salud, Plan HACCP u Otra Variación Aprobada por el Estado)*

Permit Types and Risk Categories- Check ONLY One *(Tipo de Permiso y Categoría de Riesgo-Marque SOLO Una)*

	RC1	RC2	RC3		RC1	RC2	RC3		RC1	RC2	RC3
Food Service 0-25 Seats <i>(Restaurante 0-25 Sillas)</i>				Limited Food Sales <i>(Venta Limitada)</i>		NA	NA	Food Vend 6,000 SQ FT or more <i>(Mercado de 6,000 SQ FT o más)</i>		NA	NA
Food Service 26-50 seats <i>(Restaurante 26-50 Sillas)</i>				Food Vending 2,000 SQ FT or less <i>(Mercado de 2,000 SQ FT o menos)</i>		NA	NA	Food Vend ≥6,000 SQ FT + 1 Prep <i>(Mercado ≥6,000 SQ FT +1 Prep)</i>	NA		
Food Service 51-75 seats <i>(Restaurante 51-75 Sillas)</i>				Food Vend 2,000 SQ FT or less + Limited Prep <i>(Mercado + Preparación limitada)</i>		NA	NA	Food Vend ≥6,000 SQ FT + 2 Prep <i>(Mercado ≥6,000 SQ FT +2 Prep)</i>	NA		
Food Service 76-100 seats <i>(Restaurante 76-100 Sillas)</i>				Food Vend ≤2,000 SQ FT				Food Vend ≥6,000 SQ FT + 3 Prep <i>(Mercado ≥6,000 SQ FT +3 Prep)</i>	NA		
Food Service 100+ seats <i>(Restaurante más de 100 sillas)</i>				+1 Food Prep <i>(Mercado ≤2,000 SQ FT + 1 Prep.)</i>	NA			Satellite Food Service <i>(Servicio Satélite)</i>			NA
Food Service-Concession/Snack Bar <i>(Concesionaria)</i>		NA	NA	Food Vend ≤2,000 SQ FT +2 Food Prep <i>(Mercado ≤2,000 SQ FT + 2 Prep.)</i>		NA		Produce Stand <i>(Frutería)</i>		NA	NA
Food Service- Bar w/o Food <i>(Bar sin Comida)</i>		NA	NA	Food Vend ≤2,000 SQ FT				Food Processing less than 1,000 SQ FT <i>(Proceso de Comida < 1,000 SQ FT)</i>			
Bakery <i>(Panadería)</i>				+3 Food Prep <i>(Mercado ≤2,000 SQ FT + 3 Prep.)</i>	NA			Food Processing >1,000 SQ FT <i>(Proceso de Comida >1,000 SQ FT)</i>			
Food Establishment/Shared Kitchen <i>(Cocina Compartida)</i>				Food Vend 2,001-5,999 SQ FT <i>(Mercado de 2,001-5,999 SQ FT)</i>		NA	NA	Organized Camp Food Service <i>(Comida en Acampamento Organizado)</i>			
Caterer <i>(Operación de Catering)</i>				Food Vend 2,001-5,999 SQ FT +1 Food Prep <i>(Mercado de 2,001-5,999 SQ FT + 1 Prep.)</i>		NA		Commissary ≤1,000 SQ FT <i>(Bodega, Comisaria ≤1,000 SQ FT)</i>			
Hosted Caterer <i>(Catering con Anfitrión)</i>		NA	NA	Food Vend 2,001-5,999 SQ FT +2 Food Prep <i>(Mercado de 2,001-5,999 SQ FT + 2 Prep.)</i>		NA		Commissary >1,000 SQ FT <i>(Bodega, Comisaria >1,000 SQ FT)</i>			
Host Facility <i>(Facilidades de Anfitrión)</i>		NA	NA	Food Vend 2,001-5,999 SQ FT +3 Food Prep <i>(Mercado de 2,001-5,999 SQ FT + 3 Prep.)</i>		NA		Hospital <i>(Hospital)</i>	NA	NA	
Restricted Food Service Facility <i>(Servicio de Comida con Restricción)</i>			NA	Food Vend 2,001-5,999 SQ FT				Licensed Health Care Fac. <i>(Fac. con Licencia De Servicio de Salud)</i>	NA	NA	
Hotel/Motel Complimentary Food <i>(Hotel/ Motel Comida Complementaria)</i>		NA	NA	+3 Food Prep <i>(Mercado de 2,001-5,999 SQ FT + 3 Prep.)</i>	NA			Other (Otro):			

This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct, and true.

(Este permiso se renueva anualmente. Un permiso no se emitirá o renovará hasta que la aplicación esta completa, todo cobro se ha pagado por completo, y/o todas las inspecciones que aplican han pasado. El abajo firmante certifica, bajo pena de perjurio, que al mejor de su conocimiento y creencia, las declaraciones hechas aquí son completas, correctas y verdaderas.)

OWNER SIGNATURE *(Firma de Dueño):* _____ TITLE *(Titulo):* _____ DATE *(Fecha):* _____

OWNER SIGNATURE *(Firma de Dueño):* _____ TITLE *(Titulo):* _____ DATE *(Fecha):* _____

HEALTH PERMIT APPROVED BY *(Permiso Aprobado por):* _____, EHS DATE *(Fecha):* _____



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FOOD FACILITY PERMITTING ACKNOWLEDGEMENTS

Business Name: _____

Please review the following conditions for food facility permitting. Initial each line acknowledging notification and sign below.

Administrative Conditions:

_____ 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 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.

_____ I must notify the Santa Cruz County Environmental Health Division of any change in the type of business activity, name, billing address, or ownership by calling the number above within 14 calendar days of change.

_____ Any information contained in this application and any Environmental Health Division reports is a matter of public record and is available to the public under the California Public Records Act.

_____ Additional permits may apply from including, but not limited to Public Works (wastewater grease removal), the local Fire Protection Agency and/ or the California Department of Alcohol and Beverage Control. Contact these agencies directly.

Compliance and Inspection:

_____ I must comply with all applicable state and local regulations, laws, ordinances, and codes.

_____ I will be subject to unannounced inspection by the Santa Cruz County Environmental Health Division to verifying compliance. Inspection staff will provide identification (badge or business card) upon request.

_____ I am aware that inspection staff may request documentation related to an inspection or investigation, take pictures, collect samples, discard product, or impound food and/or equipment.

_____ I may be issued violation notices, charged re-inspection fees, referred to another agency, and/or be subject to closure if I am found to be out of compliance with food safety regulations.

Operational Requirements:

_____ 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. Exceptions apply if only handling prepackaged or non-potentially hazardous foods. All other food service staff shall provide proof of a Food Handler Card within 30 days after the date of hire. Exceptions apply for non-profit organizations with volunteer staff and markets. However, all staff shall be knowledgeable of safe food practices as they relate to their assigned duties regardless of certification.

_____ I will have an illness policy and train my staff regarding illness restrictions and exclusions. I will not allow employees to prepare food if they have symptoms associated with food related illness or if they are unable to prevent food contamination via cough, mucus, or drainage from a wound. I will notify the Santa Cruz County Environmental Health Division (EHD) at (831) 454-2022 if 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
- Other communicable disease transmissible through food

I must also notify EHD if two of more food service employees are concurrently experiencing acute gastrointestinal illness.

_____ 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.

Menu, Equipment and Facility Modifications:

_____ I must obtain approval from the Santa Cruz County Environmental Health Division prior to changing my menu/mode of service, changing/ adding equipment, or making modifications to the food service facility.

_____ Plans and additional permits may be required to undertake changes.

Owner Name: _____ **Signature:** _____ **Date:** _____



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RISK CATEGORY QUESTIONNAIRE

Business Name: _____

The purpose of this questionnaire is to determine the risk that will be assigned to your food service activity. This form must be submitted in conjunction with your FOOD FACILITY HEALTH PERMIT APPLICATION.

Questions	Yes	No
<p>1. Will 3 or more potentially hazardous (perishable) foods* be cooked and then cooled for later use?</p> <p>Will your business include any specialized process to handle potentially hazardous foods such as the following?</p> <ul style="list-style-type: none"> • Reduced oxygen packaging (vacuum packing) • Use of vinegar or other additives for shelf stability • Use of smoking or curing for shelf stability • Custom processing of animals that are for personal use and will not be sold to the public • Use of a molluscan shellfish life support display tank • A process that required variance from the State • Juicing for bottling <p>Will your business focus on feeding immunocompromised individuals, preschool are children, or the elderly?</p> <p>If no to any of these, move to question 2.</p> <p>If yes to any of these, your business is considered HIGH RISK or RISK CATEGORY (RC3).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Will potentially hazardous food be cooked for immediate service or cooked for hot holding?</p> <p>Will your business cool no more than 3 potentially hazardous foods for later use?</p> <p>If no to either of these, move to question 3.</p> <p>If yes to either of these, your business is considered MEDIUM RISK or RISK CATEGORY 2 (RC2).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Will you be limited to holding, handling, or selling any of the following?</p> <ul style="list-style-type: none"> • Prepackaged non-perishable food and drinks • Unpackaged non-perishable foods • Prepackaged potentially hazardous foods • Espresso <p>Will you be limited to heating potentially hazardous food that is commercially processed, cooked, and packaged elsewhere for immediate service or hot holding?</p> <p>If you will not be limited to either of these, please discuss your business model with a Health Inspector to clarify your risk category.</p> <p>If yes to both, your business is considered LOW RISK and RISK CATEGORY 1 (RC1).</p>	<input type="checkbox"/>	<input type="checkbox"/>

4. List all foods that will be cooled:

Risk Category 1: Facilities that serve/sell only prepackaged foods; prepare only non-potentially hazardous food that is never cooked or cooled; prepare espresso drinks for immediate service; or heat foods that are commercially prepared and packaged.

Risk Category 2: Facilities that serve/sell food that has been prepared or cooked for immediate service or foods that have been prepared or cooked and placed in hot holding equipment. Two potentially hazardous food items can be cooled.

Risk Category 3: Facilities that serve/sell food that has been prepared, cooked, cooled, and reheated for immediate service or hot holding. Also, includes facilities that conduct specialized processes (e.g. smoking and curing; reduced oxygen/vacuum packaging (ROP) for extended shelf life) and facilities that serve to highly susceptible populations (e.g. hospitals and skilled nursing facilities).

**Potentially hazardous (perishable) foods include, but are not limited to: raw, cooked or deli meats; cooked beans rice and grains; cheeses and other dairy products; cooked vegetables and produce; cut fruit including tomatoes; eggs and moist egg containing products; fish and shellfish; raw sprouts; tofu and soy based products; mushrooms, cut leafy greens; and garlic and oil mixtures/ dressings.*