



County of Santa Cruz

Health Services Agency ♦ Environmental Health

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

(831) 454-2022 TDD/TTY -Call 711 www.scceh.com

EnvironmentalHealth@santacruzcounty.us



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:
