



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805)781-4211
Email: ehs@co.slo.ca.us

HEALTH PERMIT APPLICATION

PERMIT TYPE (CHECK ONE):

- RESTAURANT, # OF SEATS:
BAR (NO FOOD PREPARATION)
MARKET OR BAKERY, SQUARE FOOTAGE:
BED AND BREAKFAST, AG HOME STAY
FARMSTAND
CATERING OPERATION FACILITY
DEPENDENT FOOD SERVICE OPERATOR
MOBILE FOOD FACILITY COMMISSARY
SHARED FOOD FACILITY
HOST FACILITY FOR CATERING OPERATOR
COTTAGE FOOD OPERATOR: A B
MOBILE FOOD FACILITY: CMFO PREPACK/NO PHF CMFO UNPACK/PHF
PREP UNIT: VEHICLE LICENSE # (IF APPLICABLE)
PRODUCE VEHICLE SEASONAL YEAR-ROUND
SWAP MEET PREPACKAGED PRODUCE
OTHER FOOD(DESCRIBE)
BODY ART FACILITY MOBILE TEMPORARY
POOL # SPA #
POOL/SPA ONLY OPEN SEASONALLY (AT LEAST 6 MONTHS PER YEAR)

IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:

- BUSINESS NAME CHANGE
OWNERSHIP CHANGE
BUSINESS SITE LOCATION CHANGE
BILLING INFORMATION CHANGE
OTHER:

IS FOOD FACILITY USED AS A MOBILE FOOD FACILITY COMMISSARY OR SHARED FOOD FACILITY? (KITCHEN AND/OR STORAGE AREAS ARE AVAILABLE TO BE RENTED TO MOBILE FOOD FACILITIES OR OTHER DEPENDENT OPERATOR BUSINESSES)

YES NO

WERE PLANS FOR THIS PROJECT PREVIOUSLY SUBMITTED TO ENVIRONMENTAL HEALTH?

YES NO

PLEASE CHECK IF YOUR BUSINESS QUALIFIES FOR ONE OF THE FOLLOWING

- REPRESENTS A NONPROFIT ORGANIZATION:
PLEASE ATTACH A COPY OF YOUR 501C FORM
VETERAN'S EXEMPTION: PLEASE PROVIDE ENVIRONMENTAL HEALTH AFFIDAVIT AND SUPPORTING DOCUMENTS

FACILITY INFORMATION

BUSINESS NAME (DBA)
PREVIOUS BUSINESS NAME (ONLY IF APPLICABLE)
BUSINESS SITE ADDRESS CITY ZIP
LEGAL OWNER NAME
SELECT ONE: SOLE PROPRIETORSHIP PARTNERSHIP INCORPORATED
BUSINESS TELEPHONE NUMBER
OWNER/BUSINESS EMAIL ADDRESS

BILLING ADDRESS (TO BE USED FOR SENDING INVOICES AND ALL CORRESPONDENCE)

IF YOU WOULD LIKE US TO USE THE BUSINESS ADDRESS ABOVE, CHECK THIS BOX

ADDRESSEE NAME (IF DIFFERENT THAN OWNER NAME)
BILLING TELEPHONE NUMBER CELL PHONE NUMBER
BILLING ADDRESS CITY STATE ZIP

By signing below, I represent as follows: I am the Owner or Authorized Representative of the business applying for this Health Permit (hereafter "Permit"). I consent to all necessary fees and inspections permitted by law and incidental to the issuance of this Permit. I agree to operate the business in compliance with all applicable state and local laws, ordinances, regulations, and procedures and to obtain all authorizations and permits required by all local planning and building agencies, in order to ensure compliance with the Permit, its rights, and its limitations. I shall immediately notify Environmental Health Services in writing if business closes or a change of ownership occurs. I acknowledge that HEALTH PERMITS ARE NON-TRANSFERABLE. I declare under penalty of perjury under the laws of the state of California that the statements made in this Health Permit Application are true and correct.

SIGNATURE OF APPLICANT PRINTED NAME

FOR OFFICE USE ONLY

DATE RECEIVED RECEIVED BY ASSIGNED TO ENTERED BY ENTERED DATE
PE# AMOUNT DUE AMOUNT PAID CHECK OR CC AUTH # CASH
NONPROFIT: 501C FORM ATTACHED YES NO VETERAN EXEMPT PAPER WORK ATTACHED YES NO
PR# SR# FA# INVOICE NUMBER
INSPECTOR APPROVED DATE



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**HOST FACILITY PERMIT REVIEW**

HOST FACILITY INFORMATION			
Host Facility Name:	Business Phone:		
Owner Name:	Owner Phone:	Mobile Phone:	
Owner Address:	City:	State:	Zip:
Billing Address (if different):	City:	State:	ZIP:
Email(s):			
Days & Hours of Catering operation at Host Facility:			
<input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tue: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thu: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____			
OPERATING PROCEDURES			
CLEANING & SANITIZING AT HOST FACILITY			
1. Describe the procedures, methods, and schedules for cleaning of Host Facility <b>utensils</b> : _____ _____			
2. Describe the procedures, methods, and schedules for cleaning of Host Facility <b>equipment</b> : _____ _____			
3. Describe the procedures, methods, and schedules for cleaning of Host Facility <b>structures</b> : _____ _____			
DISPOSAL OF REFUSE AND LIQUID WASTE AT HOST FACILITY			
4. Describe the procedures, methods, and schedules for the disposal of refuse: _____			
5. Describe the procedures, methods, and schedules for the disposal of liquid waste: _____			
FOOD STORAGE TEMPERATURES			
6. Describe how potentially hazardous <b>food temperatures</b> will be maintained at the Host facility. Hot holding: _____ _____			
Cold holding: _____ _____			
EQUIPMENT SUPPORT			
7. Provide specifications of equipment provided by the Host facility to support the Catering operation ( <i>Include equipment such as, refrigerators, hot holding units, ovens, grills, blenders, etc.</i> ):			
<u>Equipment Type:</u>	<u>Manufacturer:</u>	<u>Model:</u>	
a.) _____			
b.) _____			
c.) _____			
d.) _____			
e.) _____			

**CATERING OPERATIONS TO BE SUPPORTED**

8. List the Catering operations to be supported at the Host facility (use reverse or attach additional pages as needed):

<u>Catering operation name:</u>	<u>Permit # (eg. PR1234567):</u>	<u>Proposed Menu Attached?</u>	
a)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
b)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
c)		<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SITE PLAN**

9. Sketch a site plan that indicates the location of the following:

- 1  Potable water source
- 2  Food service
- 3  Handwashing sinks
- 4  Toilet room
- 5  Refuse disposal
- 6  Liquid waste disposal



I hereby certify under penalty of perjury that the above information is true and correct and that I will operate my Host facility in compliance with the requirements set forth in the California Health and Safety Code, California Retail Food Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## Host Facility Requirements

A brewery, winery, commercial building, or other location approved by Environmental Health Services (EHS) that meets specified infrastructure and operational requirements has the option to obtain a Host facility permit. This permit allows for expanded food options by hosting a catering operation who may sell food *directly* to the consumer at this approved site for no more than 4 hours in any 12-hour period, unless additional hours are otherwise approved by this agency. *A Host Facility Permit is not required for sites that only utilize catering for private events or that only host approved/permitted mobile food facilities (food trucks, food carts, etc.).*

### Requirements for Host Facility:

To obtain approval as a Host facility, the business operator must meet the following requirements:

1. It is the responsibility of the **Host** facility permittee to ensure that each **Catering** operation has obtained a health permit to operate as a Caterer or other permanent food facility prior to operating on-site.
2. The **Host** facility must provide a **suitable location** where the catering operation can set up their operations. The type of food service provided by the catering operation is contingent upon the location where they will set up their equipment. The Host facility must ensure that operations comply with all applicable codes in their jurisdiction, including but not limited to building, zoning, and fire code. The location cannot be the same premises set aside for wine or beer tasting.
3. The **Host** facility must provide potable hot and cold water for use by the **Catering** operation.
4. Approved toilet and handwashing facilities are required within 200 feet in travel distance of the **Catering** operation. The toilet room must meet all local building and plumbing code standards, have washable floors, warm water at the sink, and soap and paper towels in dispensers.
5. If the **Catering** operation is conducting approved limited food preparation beyond holding and portioning or dispensing food with utensils, an additional handwashing sink may be required. Handwashing sinks must provide warm water and soap & paper towels in dispensers.
6. The **Host** facility must provide a janitorial sink or other approved fixture that discharges liquid waste to a sanitary sewer system for liquid waste disposal. If the Catering operation is conducting approved limited food preparation at the Host facility and dependent on the foods prepared, approval may be required by the local building authority prior to liquid waste discharge.
7. The **Host** facility must provide adequate storage space and removal frequency of solid waste.
8. All food, soiled utensils, equipment, tableware, and linen shall be returned to the catering operation for cleaning, sanitizing, and storage.

For more information regarding Host facility operations or permitting, contact our offices during normal business hours or by email at [ehs@co.slo.ca.us](mailto:ehs@co.slo.ca.us) . You can also visit our website at

<https://www.slopublichealth.org/ehs>