



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

HOST FACILITY PERMIT REVIEW

HOST FACILITY INFORMATION

Host Facility Name: Business Phone:
Owner(s): Home 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:
Sun: Mon: Tue: Wed: Thu: Fri: Sat:

OPERATING PROCEDURES

CLEANING & SANITIZING AT HOST FACILITY

1. Describe the procedures, methods, and schedules for cleaning of Host Facility equipment:
2. Describe the procedures, methods, and schedules for cleaning of Host Facility structures:

DISPOSAL OF REFUSE AND LIQUID WASTE AT HOST FACILITY

3. Describe the procedures, methods, and schedules for the disposal of refuse:
4. Describe the procedures, methods, and schedules for the disposal of liquid waste:

FOOD STORAGE TEMPERATURES

5. Describe how potentially hazardous food temperatures will be maintained at the Host facility.
Hot holding:
Cold holding:

EQUIPMENT SUPPORT

6. Provide specifications of equipment provided by the Host facility to support the Catering operation (Include equipment such as, refrigerators, hot holding units, ovens, grills, blenders, etc.):
Equipment Type: Manufacturer: Model:
a.)
b.)
c.)
d.)
e.)

**CATERING OPERATIONS TO BE SUPPORTED**

7. 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**

8. 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