



SHARED FOOD FACILITY
TENANT FOOD OPERATOR APPLICATION



Attachment

TENANT FOOD OPERATOR INFORMATION

Business Name: _____

Name of Business Owner: _____ Email: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Mailing Address: _____ City: _____ Zip: _____

SHARED FOOD FACILITY COMPLEX INFORMATION

Name of Shared Food Facility (SFF): _____ SFF Phone Number: _____

SFF Address: _____ City: _____ Zip: _____

OPERATION DETAILS: Retail Wholesale Assigned Space # (Wholesale Only): _____ # of Food Employees: _____

Operation Period: Jan - Mar April - June July - Sept Oct -Dec

Days of Operation: _____ Hours of Operation: _____

Non-Potentially Hazardous Foods Only Potentially Hazardous Foods Specialized Food Processes

STORAGE REQUIRED

Identify how the minimum 48 linear feet of food storage space will be met

- Cold Storage Freezer Storage Dry Food Storage

EQUIPMENT/UTENSILS USED

Identify all shared equipment that will be used for food preparation at the Shared Food Facility:

- Range Burner Deep Fryer Griddle Charbroiler Floor Mixer Steam Jacketed Kettle
 Proofing Cabinet Oven Other (Specify): _____

EQUIPMENT USED TO TRANSPORT FOOD TO SERVICE LOCATION

- Hot Holding Cabinet Insulated Transportation Equipment

Other (Specify): _____

APPROVALS FROM OTHER AGENCIES (if applicable)

- California Department of Public Health California Department of Food and Agriculture U.S. Food and Drug Administration
 U.S. Department of Agriculture Other

Retail operators submit a menu or list of prepackaged foods using page 2.

Wholesale operators provide complete list of prepackaged foods using page 2.

OFFICE USE ONLY:

Public Health Permit Number: _____ Permit Fee: _____ Receipt #: _____
Date Received: _____ Amount Paid: _____ Receipt #: _____ Approved By: _____

