



# County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH  
FOOD AND HOUSING DIVISION

P.O. BOX 129261, SAN DIEGO, CA 92112-9261

Phone: (858) 505-6900 | 1 (800) 253-9933 | FAX: (858) 505-6998 | [www.sdcdeh.org](http://www.sdcdeh.org)



## LIMITED SERVICE CHARITABLE FEEDING OPERATION REGISTRATION APPLICATION

### Limited Service Charitable Feeding Operation (LSCFO) Contact Information

The County of San Diego supports the local *Live Well San Diego* Food System Initiative which works towards a robust and resilient local food system that builds healthy communities, supports the economy and enhances the environment. On December 12, 2018 the County Board of Supervisors approved waiving the fees associated with registering or obtaining a health permit for charitable feeding organizations. This means that from January 1, 2019 through June 30, 2019 there is no cost to register or obtain a health permit from the Department of Environmental Health (DEH).

Operation Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Site Representative: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Internet Website: \_\_\_\_\_ Email: \_\_\_\_\_

Distribution Locations (if different than above): \_\_\_\_\_

Address Where Food is Stored/Prepared (if different than above): \_\_\_\_\_

### **Type of Food Distribution (check all that apply)**

- 100% prepackaged, shelf-stable foods. 1
- 100% prepackaged, shelf-stable and perishable foods. 2
- Portioning, assembling, re-packaging of foods, and reheating for same day service. 3 4
- Food preparation that includes cutting, chopping, blending of ingredients, or cooking from a raw state.\*

\*Note: A Health Permit Application will be required for this level of food service.

See LSCFO Category Legend on attached **Best Management Practices (BMPs)**.

**Initial that you have read the attached BMP checklist:** \_\_\_\_\_

### **Frequency of Food Distribution**

Please indicate the **Day(s) and Time(s)** when your Operation is open for food service or preparing food:

**Food Bank Partner (check all that apply):**  San Diego Food Bank  Feeding San Diego

Please list other food sources if not one of the above listed Food Banks:

\_\_\_\_\_  
\_\_\_\_\_

**Please fill out the following if your Limited Service Charitable Feeding Operation provides any unpackaged food. Note that further evaluation of processes may be necessary to determine if your facility is in compliance with registration requirements.**

**Describe your Operation, Typical Menu Items, and Preparation of Menu Items:**

**Ex: Pre-made pasta salad. Open container and serve with serving spoon. No further preparation required.**


**CERTIFICATION STATEMENT:** I declare to the best of my knowledge and belief that all information provided by me in this document is correct and true. I understand that this food service operation is subject to the specified section of the California Retail Food Code (CRFC) and to the food safety best management practices designated as applicable to the operation on behalf of which this Limited Service Charitable Feeding Operation Registration application is submitted, even though this operation may not require a permit or registration. I agree on my behalf and on behalf of the organization I represent that our food service operations will conform to all applicable CRFC requirements and applicable best management practices. I understand that a full health permit will be required as per California Retail Food Code (CRFC) Sections 113789, 114380, and 114381 for food preparation and food service activities that exceed that which is allowable in Section 113819 of the CRFC, or if my operation does not comply with applicable CRFC and best management practices requirements. I understand that proof of an active non-profit status will be required for submittal.

I understand that I must conform to best management practices specified by the County of San Diego Department of Environmental Health (DEH), and that the County has the right to change or modify these Best Management Practices as needed. I have been informed that DEH will investigate citizens' complaints and/or reports of suspected food borne illness and may enforce all pertinent code sections in the CRFC and shall be entitled to recover any costs reasonably and actually incurred in performing these activities, including, but not limited to, the costs of additional inspections that are deemed as necessary to protect public health. I understand that this registration may be suspended or revoked by DEH due to imminent public health hazards and all associated investigation and enforcement costs may be recovered.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

<p><b>Office Use Only:</b></p> <p><input type="checkbox"/> <b>100% pre-packaged non-perishable foods exempted; <i>no registration required</i></b></p> <p><input type="checkbox"/> <b>Partnered with a permitted Food Bank with 100% pre-packaged perishable food distribution; <i>no registration required</i></b></p> <p><input type="checkbox"/> <b>Not partnered with a permitted Food Bank with 100% pre-packaged perishable food distribution; <i>registration required</i></b></p> <p><input type="checkbox"/> <b>Heating, portioning, or assembly of small volume of commercially prepared foods; <i>registration required</i></b></p> <p><input type="checkbox"/> <b>Full food preparation and distribution; <i>health permit required (see health permit application)</i></b></p> <p><b>Registration #</b> _____ <b>Date:</b> _____</p> <p><b>Approved By:</b> _____</p>
--