

## 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 (LSCFO) Registration Form

ORGANIZATION ADDRESS REC DATE				
CITY STATE ZIP PE	AMT			
PHONE E-MAIL CASH/CHK/ CHK #	MONEY ORDER DATE			
PRIMARY CONTACT RECORD ID				
CONTACT PHONE CONTACT E-MAIL				
Include if Applicable				
proof of 501(C)(3) status issued by the IRS with your application.				
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 provided by a food bank (Category 2)				
(Category 2) Food <b>NOT</b> provided by a food bank <b>PE 1188</b>				
Heat, portion, or assemble a small volume of commercially prepared foods or ingredients that are not prepackaged (Category 3) PE 1189				
Reheat or portion commercially prepared foods with no further processing, for purpose of hot holding for same-day food service (Category 4) PE 1189				
*Registration is not required for Categories 1 and 2 if you ONLY distribute prepackaged foods or work in conjunction with a local food bank. Contact your local food bank for more information.				
If the operation is performing activities beyond category 3 & 4 (like cooking /cooling / storing non-commercially prepackaged potentially hazardous food), the facility requires a Health Permit.				
Food Sources: Buy food Receive donated food Food from a food bank				
List all food sources, restaurants, grocery stores, or other permitted kitchens that you will obtain food from.				
Food Distribution:				
Are you distributing food in an outdoor location, not in or adjacent to the registered location?				
Yes 🗖 No 🗖				
This is limited to 4 hours or less a day and the location is subject to approval by the Environmental Health Division.				
Location Days	Times			

Number of staff:	Volunteers:	
ocation to outdoor location(s):		
entially hazardous foods at or belov	w 41°F or 135°F and above during trans	portation/
Service Charitable Feeding Operat		-
iner and serve with serving spoon.	No further preparation required.	
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		_
		_
	Number of staff: ocation to outdoor location(s): eentially hazardous foods at or below EPARATION ACTIVITIES Service Charitable Feeding Operat es may be necessary to determ	Number of staff:       Volunteers:         ocation to outdoor location(s):

CERTIFICATION STATEMENT: I declare to the best of my knowledge and belief that the description of use and information contained on this document is correct and true. I agree to conform to all conditions, food safety best management practices and directions submitted with this document and understand that adherence to this checklist does not preclude this operation from being required to obtain a health permit as per the California Retail Food Code (CRFC) Sections 113789, 114380, and 114381. The Santa Cruz County Department of Environmental Health will investigate citizens' complaints and/or reports of suspected foodborne illnesses and may enforce all pertinent code sections in the CRFC.

Name (Print):	Date:
Signature:	

FOR OFFICE USE ONLY		
Reviewed and Approved by:	Date:	