



**COUNTY OF NEVADA
COMMUNITY DEVELOPMENT AGENCY**

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ENVIRONMENTAL HEALTH DEPARTMENT

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<http://mynevadacounty.com>

CATERING OPERATION APPLICATION

Catering Operation Name: _____

Owner / Operator: _____ Email: _____

Mailing Address: _____ Phone No. _____

Name on Food Safety Certificate: _____ Valid Until: _____

Commissary Information - Attach Commissary Verification Form to this application

Name of Commissary: _____ FA #: _____

Address: _____ PR #: _____

Commissary Owner: _____ Phone No. _____

Please answer the following questions to the best of your knowledge for a typical catering event:

1. What type of foods do you provide? *(Check all that apply)*
 Cold Deli Plates Salads Packaged Foods Full Meals Hot Buffet Foods BBQ
 Other: _____
2. Where do you usually cater? *(Check all that apply)*
 Private Homes Meeting Halls Other: _____
3. How far away from your food facility will you cater?
 Less than 10 miles 10-30 miles Over 30 miles
4. Where do you obtain your food? _____

5. Where do you store your food? _____

6. How many times a week do you use your approved commissary? _____
7. Specify what facilities are used for food/equipment storage and where they are located: *(ex. walk-in cooler, metal racks, etc.)* _____

8. Describe how your food/equipment is segregated and labeled at the commissary: _____

9. Specify where the food is prepared at commissary: _____

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10. What equipment and utensils are used to prepare raw meats, raw produce and ready-to-eat foods? _____

11. When, where and how are such equipment and utensils cleaned and sanitized? _____

12. After preparation, where (size and type of equipment), for how long and at what temperature are potentially hazardous foods stored until transported to catered location? _____

13. **If potentially hazardous foods are cooked and then cooled for later use:** describe your cooling process and where the food is cooled: _____

What is the maximum amount of hot foods that would be cooled? _____
14. **If foods are cooked/reheated at kitchen:** What equipment is used? _____

15. **If foods are cooked/reheated on site:** What equipment is used? _____

16. To what internal temperature are foods cooked/reheated *and* how is temperature determined? _____

17. **If fish is served raw:** Has it been previously commercially frozen or do you freeze the fish at your food facility?

Indicate source if previously frozen: _____
18. How and where are potentially hazardous frozen foods thawed? _____

19. **If multiuse eating and drinking consumer utensils are provided by you:** Where (*location and type of equipment*) and how (*describe process*) are such utensils cleaned and sanitized? _____

20. What facilities are provided at your food facility and the catered location for employee handwashing?

When are employees instructed to wash their hands? _____
When are employees instructed to wear gloves? _____
21. **If you deliver food to a catered location:** What kind of vehicle, containers and equipment for maintaining hot or cold temperature is used? _____

22. **If you serve food at the catered location:** How is food protected from contamination? (Ex. covers, sneeze guards, etc.)

23. **If you serve food at the catered location and function is over two (2) hours:** What facilities/equipment are used to maintain potentially hazardous foods below 41°F or above 135°F? _____

I, the owner of the Catering Operation, certify that the above information is true and correct to the best of my knowledge. I agree to notify the Nevada County Environmental Health Department if there are any changes with the approved commissary immediately.

Signature

Date

Print

OFFICE USE ONLY

___ Approved ___ Denied, Reason: _____

By: _____, REHS Date: _____

Print: _____



COUNTY OF NEVADA

Environmental Health Department

950 MAIDU AVENUE, SUITE 170, NEVADA CITY, CA 95959-8617

(530) 265-1222 x3 FAX (530) 265-9854

<http://www.mynevadacounty.com>

AGREEMENT TO PAY

Nevada County Community Development Agency fees are based on Board of Supervisor approved fee schedules. Hourly fees and fees for services in excess of a minimum fee collected, including re-inspections, are billed to the applicant based on the Board approved fee schedule in effect at the time the work is performed by staff. This *Agreement To Pay* form must be signed and original signatures submitted to the NCCDA along with the completed permit forms and the initial payment of fees. Copies of current fee schedules are available from our Customer Service Staff or on the web at <http://www.mynevadacounty.com>

I/We understand that the NCCDA will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project/permit. If payments on outstanding invoices are not made within thirty (30) days after the date of the invoice, County staff may cease work on the project until the required payment is made, subject to any other provisions of the law. All fees must be paid prior to the granting of any permits, approvals, or any land use entitlement for which services are required. The collection of fees, however, does not guarantee the granting of any permits, approvals, or land use entitlements for which I/We are applying.

Site Information:

Invoices and/or notices to be mailed to:

APN: _____	Name: _____
Property Owner/Business Name (if applicable): _____	Address: _____
Address: _____	_____
_____	Telephone: _____
Email: _____	Email: _____

NCCDA Staff is authorized to consult with necessary governmental agencies and the following individuals concerning this project: _____

I certify under proof of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Nevada County Community Development Agency Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the change of the date that the letter is received by the Nevada County Community Development Agency.

Signature

Dated: _____ CDL# _____

Printed Name

Tel #: _____

THIS SECTION FOR OFFICE USE ONLY

Service: _____ Program: _____ Job No: _____

Check #: _____ Project File #: _____ Billing Code: _____

Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____

Service: _____ Program: _____ Job No: _____

DPW #: _____ Project File #: _____ Billing Code: _____

Amount Collected: \$ _____ Receipt #: _____ Date of Receipt: _____