



LOS ANGELES COUNTY, ENVIRONMENTAL HEALTH

SPECIALIZED FOOD SERVICES PROGRAM SHARED FOOD FACILITY TENANT FOOD OPERATOR APPLICATION



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 #: _____ # of Food Employees: _____

Permit Type: Annually (July 1st to June 30) Quarterly **Business Start Date:** _____

Operation Period: Jan – Mar (3rd QTR) April – June (4th QTR) July – Sept (1st QTR) Oct – Dec (2nd QTR)

Days of Operation: _____ Hours of Operation: _____

Non-Potentially Hazardous Foods Only Potentially Hazardous Foods Specialized Food Processes (Bottling, Juicing, Canning, Reduced Oxygen Packaging), Etc. _____

STORAGE REQUIRED

Cold Storage Freezer Storage Dry Food Storage

EQUIPMENT/UTENSILS USED

Identify new equipment (cut sheets required) to be installed or brought in to the Shared Food Facility:

N/A 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 food prepared using page 2.

Wholesale operators provide complete list of prepared food using page 2.

Signature		Date	
Print Name		Title	

