

**DEPARTMENT OF RESOURCE**



**SOLANO  
COUNTY**

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**MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO)  
STANDARD OPERATING PROCEDURES**

To initiate the review of your application to operate a food business within your residential private kitchen, please complete and submit this form, along with any additional documents, and fee to the Solano County Environmental Services Division.  
**PLEASE PRINT OR TYPE ALL INFORMATION**

HOME KITCHEN OPERATOR INFORMATION			
Name of Business (DBA):			
Owner's Name:		Phone Number:	
Owner's Address:	City:	State:	ZIP:
Food Employee(s) Name:		Number of hours per week:	
Additional Food Employee Name (if applicable)		Number of hours per week:	
Email:		Website:	
Name of Internet Food Service Intermediary (If applicable):		Contact number for Internet Food Service Intermediary:	
PROPOSED HOURS OF OPERATION			
<b>Identify day(s)/times when food production may occur</b> <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Proposed number of meals to be prepared on each day Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____	Identify days when food may be offered for consumption on the premises <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	Identify days when food may be offered for delivery <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
How will food products be sold? <input type="checkbox"/> Onsite within home <input type="checkbox"/> Third Party Intermediary <input type="checkbox"/> Internet (web address) <input type="checkbox"/> Other: _____			
FOOD EMPLOYEE HYGIENE/HEALTH			
The following food employee hygiene/health requirements, are not inclusive of all requirements outlined in the California Retail Food Code that must be adhered to. Refer to Chapter 3 Management and Personnel for all requirements.			



1. Multi-use utensils and equipment will be cleaned and sanitized using what methods:

- Kitchen Sink       Dishwasher       Clean-in-place protocols

2. Type of sanitizer\* that will be used (\*Test strips are to be provided to verify sanitizer concentration):

- Chlorine (100 ppm)    Quaternary ammonium (200 ppm)    Other: \_\_\_\_\_

Describe cleaning and sanitizing process that will be followed:

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

#### FOOD /UTENSIL STORAGE

1. Are you storing food (ingredients or finished product) in any place other than within the kitchen?  Yes  No

If yes, please indicate where: \_\_\_\_\_

#### FOOD SERVICE/DELIVERY

##### FOOD SERVICE:

1. List any locations where the food will be served at your home (i.e. dining room, kitchen table, backyard, patio, etc...)

\_\_\_\_\_

2. What will be done with any remaining food after the food service hours of operation?

\_\_\_\_\_

##### FOOD PICK-UP & DELIVERY:

1. Will food products be available for customer pick-up?  Yes  No

2. Will food products be available for delivery to customers?  Yes  No

- a. If yes, who will deliver the food, what means of transportation will be used during transportation?

\_\_\_\_\_

3. How will food be held hot/cold during transportation? \_\_\_\_\_

4. What will be the maximum geographical distance for delivery of food? \_\_\_\_\_

5. How often will food be delivered?  Daily  Weekly  Other: \_\_\_\_\_

6. Indicate the type of food packaging that will be utilized: \_\_\_\_\_

#### PREMISES

1. Do you have weekly curbside garbage collection service?  Yes  No If No, where and how often will garbage be disposed?

\_\_\_\_\_

2. Identify source of potable water?  Public Water System    Private Well\*

\* *Bacteriological test (quarterly), Nitrates (annually), Nitrites (every 3 years), are required.*

3. Identify how waste water is discharged?  Public Sewer System    Private Onsite Wastewater System

4. Identify types of ventilation that will be provided to remove gases, odors, steam, heat, vapors and smoke from the food preparation area? \_\_\_\_\_

#### PERMITTEE RESPONSIBILITIES

Please read each statement carefully and sign below to confirm your understanding.

- I understand that I am required to obtain and maintain a Health Permit from the local enforcement agency and have available when requested.

- I understand that any approval of a MEHKO is limited to only my private home, where the food will be stored, handled, prepared and served.
- I understand that I may have no more than one full-time equivalent employee, not including a family member or household member.
- I understand that food served at the MEHKO must be prepared, cooked and served or delivered on the same day.
- I understand that I may not engage in food processes that would require a HACCP plan as specified in CRFC section 114419 or produce, serve or sell raw milk or raw milk products, or serve or sell raw oysters.
- I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service. Service animals may be kept in dining areas.
- I understand that food preparation is limited to no more than 30 individual meals per day and no more than 90 individual meals per week.
- I understand that the MEHKO may not have more than fifty thousand dollars (\$100,000) in gross annual sales in the calendar year. Verification of annual gross sales may be requested by the local enforcement agency.
- I understand that a MEHKO may only sell food directly to consumers and not to any wholesaler or retailer.
- I understand that I am prohibited from outdoor advertising displays and must comply with all applicable noise ordinances.
- I understand that the premises used as part of the MEHKO must be kept clean, in good repair and free of vermin (e.g. cockroaches, rodents, flies) at all times.
- I understand that I must submit a copy of successful completion of an approved and accredited food safety certification examination within 60 days of commencing operation.
- I understand that I must submit a copy of successful completion of an approved food handler course for any food employees within 30 days of commencing food preparation.
- I understand that I must maintain a valid business license or other applicable approval from planning or the local governing authority.
- I understand that the MEHKO is subject to inspection as a result of a consumer complaint or upon reasonable advance notice to ensure compliance with the California Retail Food Code.

**ACKNOWLEDGMENT**

I understand and agree that if I make changes to my operating procedures, **I must notify the local enforcement agency within 7 days.** I also understand that the approval to operate a MEHKO is based upon following the guidelines outlined in the California Retail Food Code (CRFC) and failure to do so may result in the suspension or revocation of the health permit to operate a MEHKO.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

REVIEWER OF OPERATIONAL PROCEDURES: \_\_\_\_\_

DATE APPROVED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PERMIT NUMBER: \_\_\_\_\_