



LIMITED SERVICE CHARITABLE FEEDING OPERATION (LSCFO) REGISTRATION FORM

NONPROFIT INFORMATION			
Name:			
Address:	City:	State:	Zip:
Website:		Phone Number:	
Attach documentation verifying the tax exempt information below is <i>current</i> (must provide both):			
IRS EIN Number:		CA FTB Entity ID Number:	
SITE INFORMATION			
Name (if different from above):			
Site Address (where applicant will be performing activities):			
City:	State:	Zip:	Site Phone Number:
Contact Person and Title:			
Email:		Cell Phone Number:	
Days and Time of Intended Operation:			
INVOICE INFORMATION			
Mail To:		Care Of:	
Address:	City:	State:	Zip:
Review the following section to determine if your operation is exempt from registration. If exempt, complete the Declaration of Exemption section (Part I). If not exempt, complete the Registration Information section (Part II).			
PART I DECLARATION OF EXEMPTION			
The above LSCFO is exempt from an Environmental Health Registration as it meets one of the following exemptions as stated in the California Retail Food Code (Cal Code) §114333(b)(1) (A and B):			
<input type="checkbox"/> A. LSCFO that stores and distributes solely whole, uncut produce, or prepackaged, non-potentially hazardous food in their original manufacturer's packaging.			
<input type="checkbox"/> B. LSCFO that stores or distributes commercially prepared and commercially packaged potentially hazardous cold or frozen food for distribution to the consumer, according to the Comprehensive Resource for Food Recovery Programs , and works in conjunction with a food bank possessing a valid health permit.			
Must provide the information below for the local food bank.			
Name of Local Food Bank in agreement with: _____			
Address: _____			
County: _____		Permit Number: _____	
NOTE: EXEMPTIONS ARE SUBJECT TO APPROVAL.			
I declare under penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I acknowledge the rules and regulations set forth by Environmental Health Services (EHS). I understand, as a LSCFO, that we are responsible for ensuring food is prepared and served in a safe and sanitary manner, following food safety guidelines as offered by EHS.			
Signature:		Date:	Phone Number:
Print Name:		Title:	



LIMITED SERVICE CHARITABLE FEEDING OPERATION (LSCFO) REGISTRATION FORM, (Cont.)

PART II		REGISTRATION INFORMATION	
<p>The above LSCFO provides the following type of food service as stated in the Cal Code §113819 (a)(2-4) (select one):</p> <p><input type="checkbox"/> Heating, portioning, or assembly of a small volume of commercially prepared foods or ingredients that are not prepackaged.</p> <p><input type="checkbox"/> Reheating or portioning, or assembly of only commercially prepared foods with no further processing, for purposes of hot holding and no longer than same-day food service to the consumer.</p> <p><input type="checkbox"/> Storage or distribution of commercially prepared and commercially packaged potentially hazardous cold or frozen food for distribution to the consumer, according to the Comprehensive Resource for Food Recovery Programs. In addition, the LSCFO is not working in conjunction with a Local Food Bank.</p>			
<p>I understand a LSCFO must comply with all of the following regulations from the Cal Code. Including but not limited to the following in order to maintain a valid registration to operate (<i>initial each one</i>):</p>			
_____	1	<p>Handwashing (§113952, 113953.1, 113953.2, 113953.3): Hands are required to be washed with warm water, soap, and dried with a single use towel, immediately prior to handling foods and after engaging in any activity that contaminates the hands.</p> <p>Protection from Contamination (§113980, 113982, 113984, 113988, 113990, 113992): All food must be pure and free from adulteration and spoilage and be fully fit for human consumption.</p> <p>Time and Temperature (§113996, 113998, 114000, 114002, 114002.1, 114014, 114016, 114018, 114020): Maintain temperature of potentially hazardous food above 135° and below 41°.</p> <p>Food Approved Sources (§114021, 114023, 114024, 114025, 114027, 114031): Food shall be obtained from sources that comply with all applicable laws.</p> <p>Receipt of Food (§114035, 114037, 114041): Food shall be inspected as soon as practicable upon receipt and prior to any use, storage, or resale. Potentially hazardous food must be received above 135° if hot or below 45° if cold and cooled to below 41° within four hours.</p> <p>Food Storage (§114047, 114049, 114051, 114053, 114055): Adequate and suitable space shall be provided for the storage of food that keeps food items protected from contamination.</p> <p>Food Display and Service (§114079): After being served or sold and in the possession of a consumer, food that is unused or returned by the consumer shall not be offered as food for human consumption.</p>	
_____	2	<p>Enforcement (§114390) and Permit Suspension or Revocation (§114405): Failure to meet all requirements specific to LSCFO and those set forth by San Bernardino County may result in registration suspension and/or closure.</p>	
_____	3	<p>Review the LSCFO Self-Assessment Tool, LSCFO Guide, Safe Surplus Food Donation Toolkit, and the Food Safety at Charitable Feeding Operation online module to ensure your operation complies with state and local regulations.</p>	
<p>I declare under penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I acknowledge the rules and regulations set forth by EHS. I understand, as a LSCFO, that we are responsible for ensuring food is prepared and served in a safe and sanitary manner, following food safety guidelines as offered by EHS.</p>			
<p><input type="checkbox"/> Electronic Signature Only By checking this box I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.</p>			<p>Date:</p>
Signature:		Date:	Phone Number:
Print Name:		Title:	
For Office Use Only			
Fee:	FA Number:	Record ID:	PE Number:
Designated Employee:		Received By:	Date Registration Received: