



LIMITED SERVICE CHARITABLE FEEDING OPERATION (LSCFO) REGISTRATION FORM

NONPROFIT INFORMATION							
Name:							
Address:				City:		State:	Zip:
Website:			Phone Number:				
NOTE: Attach documentation verifying the tax-exempt information below is <i>current</i> (must provide both):							
IRS EIN Number:				CA FTB Entity ID Number:			
FACILITY INFORMATION							
Name (if different from above):							
Site Address (Where Applicant Will Be Storing Food Items):							
City:			State:	Zip:	Site Phone Number:		
Contact Person/Title:							
Email:				Cell Phone Number:			
DISTRIBUTION SITE INFORMATION							
Name (if different from above):							
Address (Where Applicant Will Be Distributing Food):							
City:			State:	Zip:	Email:		
Contact Person/Title:							
Site Phone Number:				Cell Phone Number:			
Frequency Of Food Distribution:							
Please indicate the Day(s) and Times(s) when your operation is distributing food:							
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
From:							
To:							
INVOICE INFORMATION							
Mail To/Care Of:							
Address:				City:		State:	Zip:
Indemnification – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor’s indemnification obligation applies to the County’s “active” as well as “passive” negligence but does not apply to the County’s “sole negligence” or “willful misconduct” within the meaning of Civil Code Section 2782.							



Review the section below. Part I is to determine if your operation is exempt from registration. The operation must fall into categories 1 or 2a to be exempt. Select only one if applicable. If not exempt, skip and proceed to Part II and select one category from 2b through 4.

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) (Category 1 or 2a)
(Select only one)

- 1. LSCFO that stores and distributes solely whole, uncut produce, or prepackaged, non-potentially hazardous food in their original manufacturer’s packaging.
- 2a. 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 information below for the local food bank.

Name of Local Food Bank in agreement with: _____

Address: _____

County: _____ Permit Number: _____

NOTE: EXEMPTION RULES 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:	

PART II LSCFO REGISTRATION

The above LSCFO provides the following type of food service as stated in the Cal Code §113819 (a) (Category 2b-4) (select one):

- 2b. 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.
- 3. Heating, portioning, or assembly of a small volume of commercially prepared foods or ingredients that are not prepackaged.
- 4. 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.



PART II LSCFO REGISTRATION (Continued)

Category 3 or 4 only. Describe your typical menu items and preparation of menu items:

Menu Item	Preparation of Menu Item
Ex: Pre-made pasta salad.	Open container and serve with serving spoon. No further preparation required.

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 (*initial each one*):

- _____ 1. **Handwashing:** Hands are required to be washed with warm water, soap, and dried with a single use sanitary towel, immediately prior to handling foods and after engaging in any activity that contaminates the hands.
- _____ 2. **Protection from Contamination:** All food must be pure and free from adulteration and spoilage and be fully fit for human consumption.
- _____ 3. **Time and Temperature:** Maintain temperature of potentially hazardous food above 135°F and below 41°F.
- _____ 4. **Food Approved Sources:** Food shall be obtained from sources that comply with all applicable laws.
- _____ 5. **Receipt of Food:** 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°F if hot or below 45°F if cold and cooled below 41° within four hours.
- _____ 6. **Food Storage:** Adequate and suitable space shall be provided for the storage of food that keeps food items protected from contamination.
- _____ 7. **Food Displayed and Service:** 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.
- _____ 8. **Enforcement: and Permit Suspension or Revocation:** Failure to meet all requirements specific to LSCFO and those set forth by San Bernardino County may result in registration suspension and/or closure.
- _____ 9. Review the [LSCFO Self-Assessment Tool](#), [LSCFO Guide](#), [Safe Surplus Donation Toolkit](#), and the [Food Safety at Charitable Feeding Operation online module](#) to ensure your operation complies with state and local regulations.

I declare under penalty of law, 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, we are responsible for ensuring food is prepared and served in a safe and sanitary manner by following food safety guidelines as offered by EHS.

<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.	Date:
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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:	