



LIMITED-SERVICE CHARITABLE FEEDING OPERATION (LSCFO) REGISTRATION FORM

NONPROFIT INFORMATION							
Name:							
Address:				City:		State:	Zip:
Website:			Phone Number:				
Internal Revenue Service (IRS) Employer Identification Number: _____							
CA Franchise Tax Board Entity Identification Number: _____							
NOTE: ATTACH CURRENT TAX-EXEMPT VERIFICATION FOR THE INFORMATION LISTED ABOVE (MUST PROVIDE BOTH).							
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:	Site Phone Number:		
Contact Person/Title:							
Email:				Cell Phone Number:			
Indicate the day(s) and time(s) the operation distributes 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:							
If distribution is not weekly, describe the frequency below:							
INVOICE INFORMATION							
Mail To/Care Of:							
Address:				City:		State:	Zip:
<p>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.</p>							



Complete either **Part I** if the LSCFO falls under exemption per California Retail Food Code or **Part II** if the LSCFO is NOT exempt (complete only one section).

PART I DECLARATION OF EXEMPTION

The LSCFO is exempt from an Environmental Health Registration as stated in the [CA Health & Safety Code §114333 \(b\) \(Category 1 or 2a\)](#) (select 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 and works in conjunction with a food bank possessing a valid health permit.

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.

<input type="checkbox"/> Electronic Signature: 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 the terms and conditions of this form.	Date: _____
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Signature: _____	Phone Number: _____
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Print Name: _____	Title: _____
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PART II LSCFO REGISTRATION

The LSCFO provides the following type of food service as stated in the [CA Health & Safety 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. In addition, the LSCFO is not working in conjunction with a local food bank.
- 3. 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.
- 4. Heating, portioning, or assembly of a small volume of commercially prepared foods or ingredients that are not prepackaged.

For an LSCFO in Category 3 or 4, list the menu items and describe the preparation below.

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



I understand an LSCFO must comply with all the following regulations from the [Retail Food Code](#), including but not limited to the following, 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 or below 41°F.
- _____ 4. **Approved Food 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°F 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 Display 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: 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:
Signature:		Phone Number:
Print Name:	Title:	
For Office Use Only		
Fee:	FA Number:	Record ID:
PE Number:		
Designated Employee:	Received By:	Date Registration Received: