

LIMITED SERVICE CHARITABLE FEEDING OPERATION REGISTRATION FORM

ORGANIZATION INFORMATION
Organization name: _____ Physical address: _____ City: _____ CA Zip: _____ Site representative: _____ Phone: (____) _____ Internet website: _____ Email: _____
FOOD OPERATION
<p><u>Type of Food Operation (check all that apply):</u></p> <p><input type="checkbox"/> *Distribution of 100% prepackaged, shelf-stable foods (Category 1)</p> <p><input type="checkbox"/> *Distribution of 100% prepackaged, shelf-stable and perishable foods (Category 2)</p> <p><input type="checkbox"/> Reheat or portion commercially prepared foods with no further processing (Category 3)</p> <p><input type="checkbox"/> Heat, portion, or assemble a small volume of commercially prepared foods or ingredients that are not prepackaged (Category 4)</p> <p>* If you only distribute prepackaged foods in conjunction with a local food bank, you do not need to fill out this form. Contact your local food bank for more information.</p>
FOOD SOURCES
<p><u>Food Sources:</u> <input type="checkbox"/> Buy food <input type="checkbox"/> Receive donated food</p> <p>List all food sources, restaurants, grocery stores, or other permitted kitchens that you will obtain food from.</p> <p>_____</p> <p>_____</p> <p>_____</p>
FOOD DISTRIBUTION
<p><u>Frequency of Food Distribution:</u> Indicate your operating days and hours.</p> <p>_____</p> <p>_____</p>

