

Department of Resource Management 675 Texas Street, Ste. 5500

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File #

Fairfield, CA • 94533

www.solanocounty.com

Environmental Health Division (707) 784-6765

MICROENTERPRISE HOME KITCHEN FACILITY APPLICATION

MEHKO Name & Addre	ess:			
Owner Name:		Phone:		
Contact Email Address:				
resident in a private ho	me where food is stor	ERATION (MEHKO) means ed, handled, and prepared f ottage Food Facility. The M	or, and may be served to,	consumers.
☐ Copy of Busing☐ Menu	v Standard Operating ess License/Zoning on ht Food Safety Certif	Procedures Form		
	Vater System or Commu of Public Water System	nity Service District or Community Service District:	_	
b. ☐ Private \ Water suppl Water qualit	y source (<i>ex: well</i>): y results and sampling p	performed at frequencies for Tr ogical quality	ansient Non-Community Wa Once per Quarter Once per year Once every 3 years	ter Systems
* Initial water qua	lity test results shall be	submitted prior to permit issuar	nce	
☐ Liquid Waste Di	sposal Information:			
☐ Public Sew	er Service			
Evaluati □ Permit Fee	on by a consultant and/o of my knowledge, the	ent System (septic system) or upgrade of the existing seption above information is true and		applicable
Owner / Operator:	nt Name	Signature		Date
	it ivallie	Signature		ai c
Plan Check Fee \$ E.H. Specialist:		yes no ed:	Receipt# Date Approved:	