



Department of Resource Management

675 Texas Street, Ste. 5500
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www.solanocounty.com

File # _____

Environmental Health Division
(707) 784-6765

Jagjinder Sahota, REHS
Environmental Health Manager

HOST FACILITY APPLICATION

Host Facility Name & Address: _____

Owner Name: _____ Phone: _____

Mailing Address: _____

Contact Email Address: _____ Phone: _____

This application must include at least 2 sets of plans with the following:

- Site Map:** Include the facility and surrounding area. Indicate the proposed location where a Caterer will set up their operation. Include the trash area location if it is outside of the facility.
- Site Layout:** Provide a schematic of the layout of all equipment and fixtures in the facility. Layout is to include any and all areas that equipment may be stored onsite by the Caterer.
- Water/Waste Information:** Indicate which sewer and water district serves the Host Facility. If the facility is using water from a water well, and/or the facility is connected to a sub-surface sewage disposal system, the Environmental Health Division must approve their capacity and use.
- Plumbing Plan and Schedule:** Provide a plumbing layout showing hot and cold-water supply lines, sewer waste drains, and floor drains (if applicable). Clearly identify make, model number, gallons, and BTU/KW of the hot water heater (or provide specification sheet).
- Restroom and Handwashing Sinks:** Show the location of the restroom facilities that the Caterer and their food handlers will have access to use. The restroom must be located within 200 feet of the area where the caterer prepares and dispenses the food. Handsinks must be equipped with single-use hand soap and paper towels in adjacent dispensers with a minimum of 100°F - 108°F hot water.
- Janitorial Sink:** Show the location and method of installation of curbed janitorial sink equipped with hot and cold water. The sink faucet must be equipped with an approved backflow prevention device.
- Operating Procedure:** Submit with your plans, a written operating procedure that describes the procedures, methods, and schedules for cleaning food related equipment; specifications for equipment that will be provided by the Host Facility to support the catering operation and how it will be maintained in good repair; as well as a list of catering operations that will operate at the Host Facility with their menus.
- Plan Check Fee** (hourly rate)

I certify that, to the best of my knowledge, the above information is true and that I will comply with all applicable local, city, county, and state requirements.

Owner / Operator: _____
Print Name Signature Date

Plan Check Fee \$ _____ Paid yes no Receipt # _____
E.H. Specialist: _____ Date Received: _____ Date Approved: _____