

**Shasta County Department of Resource Management  
Environmental Health Division**

1855 Placer Street, Suite 201, Redding, CA 96001, Telephone (530) 225-5787, FAX (530) 225-5413  
www.ehd.shasta.ca.us

**LIMITED SERVICE CHARITABLE FEEDING OPERATION REGISTRATION FORM**

**Limited Service Charitable Feeding Operation Checklist of Best Management Practices must be reviewed and submitted with registration form.**

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Facility/ Organization Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Site Representative \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Non-profit Organization, IRS 501 (c) (3) State ID # \_\_\_\_\_

**Food Operation** *(check all that apply)*

- Distribution of 100% prepackaged, shelf-stable food (Category 1)
- Distribution of 100% prepackaged, shelf-stable, and perishable foods (Category 2)
- Reheat or portion commercially prepared foods with no further processing (Category 3)
- Heat, portion, or assemble a small volume of commercially prepared foods or ingredients that are not prepackaged (Category 4)

**Food Sources** *(check all that apply)*

- Buy Food             Donations             Food Bank
- Permitted Facilities (grocery store, restaurant, permitted caterer, etc.)
- Private Individuals

List below all food sources, restaurants, grocery stores, or other permitted kitchens that you will obtain food from.

\_\_\_\_\_

\_\_\_\_\_

**Food Distribution Information**

Food Distribution Location

- Onsite             To permitted facility
- Other offsite locations (provide location) \_\_\_\_\_

Frequency: (Indicate days of service and times)

- Seasonal             Year Round

\_\_\_\_\_

\_\_\_\_\_

**Typical Menu Items and Preparation Activities (Applies to Categories 3 & 4 Only)**

Provide a list of typical menu items and preparation activities if your operation provides any open food. Note that further evaluation of processes may be necessary to determine if your operation is consistent with registration requirements.

Menu Item	Buy/Serve Prepackaged	**Cook	Heat/ Reheat	Portion	**Make from Scratch	Other Preparation, Describe Below

\*\*Cooking and making menu items from scratch may disqualify the operation from registration as an LSCFO.

*CERTIFICATION STATEMENT: I declare to the best of my knowledge and belief that the description of use and information contained on this document is correct and true. I agree to conform to all conditions, food safety best management practices and directions submitted with this document and understand that adherence to this checklist does not preclude this operation from being required to obtain a health permit as per the California Retail Food Code (CRFC) Sections 113789, 114380, and 114381. The Shasta County Environmental Health Division (SCEHD) will investigate citizens' complaints and/or reports of suspected foodborne illnesses and may enforce all pertinent code sections in the CRFC.*

*I understand this registration may be suspended or revoked by SCEHD due to imminent public health hazards. I understand the SCEHD may recover any costs associated with performing these activities.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Amount: \_\_\_\_\_

Registration form review completed, and registration granted by: \_\_\_\_\_ Date \_\_\_\_\_

Registration Number \_\_\_\_\_