



**PUBLIC HEALTH PERMIT APPLICATION**  
**MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO)**

**Environmental Health Division**  
**Homebased Food Operations Program**  
5050 Commerce Drive, Baldwin Park, CA 91706-1423  
[publichealth.lacounty.gov/eh](http://publichealth.lacounty.gov/eh)  
[homebasedfoods@ph.lacounty.gov](mailto:homebasedfoods@ph.lacounty.gov) | (626) 430-9855



Please fill out each section completely by printing or completing the fillable PDF. Refer to the list of required documents to be submitted with this application, and instructions for payment. Application will be reviewed within 20 business days of receipt.

01/15/2025

**Date of Application:** \_\_\_\_\_

MEHKO INFORMATION			
<b>BUSINESS NAME:</b> Avan's Kitchen			
<b>BUSINESS ADDRESS:</b> 123 Main Street	<b>UNIT:</b> 5A	<b>CITY:</b> Los Angeles	<b>ZIP CODE:</b> 90001
<b>OWNER'S NAME:</b> Avan Sardar	<b>E-MAIL ADDRESS:</b> avan@example.com		<b>PHONE #:</b> 555-123-4567

BILLING				
<input type="checkbox"/> Send invoice to business address <input type="checkbox"/> Send invoice to address below				
<b>ADDRESS:</b> 456 Elm Street	<b>UNIT:</b> 2B	<b>CITY:</b> Beverly Hills	<b>STATE:</b> CA	<b>ZIP:</b> 90210

FEES	
<i>Fees are <b>non-refundable</b> and <b>non-transferable</b>.</i>	<b>FEES</b>
<input type="checkbox"/> <b>Initial Application Review:</b> first home kitchen evaluation, application, review of the Standard Operating Procedures, and review of menu ( <b>One-time fee</b> )*	<b>\$597</b>
<input type="checkbox"/> Site evaluation fee for changes made to the menu or equipment after initial approval ( <b>hourly</b> )	<b>\$167</b>
<b>Total Due:</b>	
<b>*Note:</b> You will be contacted to schedule a Home Kitchen Evaluation. If the home kitchen is approved, a <b>MEHKO Public Health Permit fee of \$347 will be invoiced</b> to the operator. The Permit fee is due within <b>30 calendar days</b> of the kitchen approval. <u><b>Do not submit your payment for this fee until you receive an invoice.</b></u>	
Failure to pay the fees due constitutes a violation of Title 8 –Consumer Protection, Business, and Wage Regulation of the Los Angeles County Code and may result in additional penalty fees.	

INITIAL APPLICATION REVIEW SUBSIDY
For a limited time, Los Angeles County is offering a one-time subsidy on a first-come, first-serve basis for up to 1,000 MEHKO permittees. <b>The subsidy will waive the initial application review fee of \$597.</b> The subsidy is available through June 30, 2026, or until the subsidy funds are exhausted.

**Subsidy Eligibility Requirements:**

- The MEHKO operation is not in the City of Pasadena, City of Long Beach, or City of Vernon.
- The MEHKO permittee annual net revenue is less than \$50,000 (net revenue is earnings after subtraction of expenses.)
- Must never have been issued a MEHKO Public Health Permit in Los Angeles County nor have received a subsidy for the initial application review fee.

**Attestations:**

- By completing and submitting this section of the MEHKO Public Health Permit Application, I acknowledge that I am requesting a MEHKO one-time subsidy from the Los Angeles County Department of Public Health, Environmental Health Division (EH).
- I acknowledge that the subsidy will cover 100% of the \$597 MEHKO Public Health Permit Application initial review fee.
- I acknowledge that the subsidy will NOT cover any additional site evaluation, additional application review, or the cost of a Public Health Permit.
- I acknowledge that receipt of a subsidy request does not guarantee that I will be approved and granted a MEHKO permit.
- I acknowledge that I will be subject to the requirements of the California Health and Safety Code and must complete the approval process through the Department of Public Health.
- I declare that if I am awarded a subsidy, my story may be utilized for promotional and marketing objectives to showcase the County's achievements.
- I acknowledge that if I am awarded the subsidy but decide not to move forward with the MEHKO, I thereby, forfeit the subsidy; no monetary payment will be issued to me.

☐ **I would like to apply for the MEHKO Initial Application Review Subsidy**

Avan Sardar

I, \_\_\_\_\_ (first and last name) declare under penalty of perjury under the laws of the State of California that the information above is true and correct. I further understand that if I make false statements, false representations, or provide misleading or incomplete information to the County in order to receive the Subsidy, I may be, disqualified from the program, be subject to civil liability and penalties, be required to pay back the amount of the subsidy, and may be excluded or banned from participating in other County programs.

**TERMS OF AGREEMENT**

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and will operate my MEHKO in compliance with the requirements set forth in the California Health and Safety Code.

I understand that MEHKOs may sell up to 30 meals per day; no more than 90 meals per week and can earn up to \$100,000 annually. I understand that MEHKOs may sell up to 80 meals per day; no more than 200 meals per week and can earn up to \$150,000 annually if operating along with an approved Compact Mobile Food Operation.

I understand that MEHKO Public Health Permits are non-transferable and non-refundable. I understand that refunds may be considered only when funds are collected in excess, error, or as double payment. I shall notify this agency in writing if I discontinue operation or change the billing address. I understand that failure to do so may result in an obligation to pay additional penalties.

I understand that a failure to maintain a current Public Health Permit may result in the closure of the MEHKO, pursuant to Los Angeles County Code, California Health and Safety Code, and/or applicable local City ordinances.

After issuance of the Public Health Permit, I hereby consent to all necessary inspections conducted by the Department of Public Health, Environmental Health Division.

I understand that any changes to my approved operations, including menu and equipment, must be reported to the Environmental Health Division in writing prior to the change within twenty (20) calendar days.

<b>OWNER'S NAME:</b> Avan Sardar	<b>OWNER'S SIGNATURE:</b> Avan Sardar	<b>DATE:</b> 01/15/2025
-------------------------------------	--	----------------------------

## SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

- Copy of Identification: Driver's license, passport, or other government issued I.D.
- Standard Operating Procedures and menu
- Food Safety Manager Certificate
- Food Handler Card(s) for all employees, and/or individuals involved with the MEHKO (*may be submitted within 30 calendar days of hire*)
- Well-water test results (*if applicable*)

<b>SUBMISSION</b>	<p><b>Submit application online:</b> Contact the Homebased Food Operations Program at <b>(626) 430-9855</b> or <a href="mailto:homebasedfoods@ph.lacounty.gov">homebasedfoods@ph.lacounty.gov</a> to receive a secured email.</p> <p><b>-or-</b></p> <p><b>Submit in-person:</b> 5050 Commerce Drive, Baldwin Park, CA 91706</p>	<b>PAYMENT</b>	<ul style="list-style-type: none"> <li>• <b>Do not submit your payment for the Public Health Permit until you have received an invoice.</b></li> <li>• Include your invoice number if paying by mail.</li> <li>• <b>DO NOT</b> mail cash.</li> </ul>
-------------------	--	----------------	--

### Pay Online:

Pay online using Credit Card (Visa, MasterCard, American Express, or Discover), Debit Card, and Electronic Check (ECheck).

**Please note that there is an additional convenience fee charged for using online payment.**

### Pay by Mail:

Make **Check, Cashier's Check, or Money Order** payable to:  
**County of Los Angeles**

Include a note/memo referencing **"MEHKO"** on the check.

Mail to:  
Department of Public Health  
5050 Commerce Drive  
Baldwin Park, CA 91706

### Pay In-Person:

Make payment in person at our Environmental Health Headquarters at:

**5050 Commerce Drive  
Baldwin Park, CA 91706**

8:00 am - 4:30 pm  
Monday through Friday

Acceptable forms of in-person payment include **Cash, Check, Cashier's Check, or Money Order** in the exact amount due.

## OFFICE USE ONLY

### EVALUATION

RECEIVED BY:Inspector Name	REVIEWED BY:Supervisor Name	PAYMENT DATE:01/20/2025	INVOICE #:INV-2025-001
----------------------------	-----------------------------	-------------------------	------------------------

COMMENTS:

SR #:

### PUBLIC HEALTH PERMIT

PHP APPROVED BY:	PHP APPROVED DATE:	PHP INVOICE #:	INVOICE DATE:
------------------	--------------------	----------------	---------------

COMMENTS: