



## CHECKLIST TO OBTAIN A PERMIT FOR A MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO)

MEHKO Business Name:	
MEHKO Owner Name:	Owner Phone:
Email Address:	

**This checklist identifies the documents and fees to apply for a MEHKO Permit to make food from a home kitchen.**

Included	MEHKO Requirements
	Permit Application for a Home Food Operation
	MEHKO Self-Certification Checklist
	MEHKO Standard Operating Procedures document
	*Proof of potable water source (submit a copy of one of the following): <ul style="list-style-type: none"><li>• Public water system: water bill or letter from the water purveyor</li><li>• Private water supply/well (identify the source - well, spring, surface, etc.): water quality lab test results from a State Certified laboratory for E. coli, total coliform, and nitrates</li></ul>
	*Proof of approved sewage disposal system (submit a copy of one of the following): <ul style="list-style-type: none"><li>• Sanitary sewer: sewer bill, sewer connection permit, property tax bill (if sewer company is listed)</li><li>• Septic system: recent septic pumper's report including a 30-minute water test</li></ul>
	Food Safety Certificate (or submit within 60 days of the MEHKO permit issuance)
N/A	New Operating Permit Application Fee (FP90) – waived through March 14, 2025

\*Renters must obtain required documents from the property owner, HOA, management company, etc., as applicable, if they do not receive the bill.

Submit your complete MEHKO permit application packet, including this Checklist, to the Department by mail, in person at our office, or by email. To apply by email, submit the MEHKO application packet as a PDF to [dehweb@deh.sccgov.org](mailto:dehweb@deh.sccgov.org). Incomplete applications will be rejected.

The New Operating Permit Application Fee will be waived for new MEHKO applications received through March 14, 2025. The Department will review the permit application and respond within 20 business days, typically via email. The permit application will expire 90 calendar days from the date the complete application is received.

Food products not allowed per California Retail Food Code and special food processes requiring a Hazard Analysis Critical Control Point Plan will be denied. The application process may be delayed if required documents and information are not received.

Upon approval of the application, the permit will be issued. (The MEHKO permit fee will be waived for permits issued by March 14, 2025.)



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**PERMIT APPLICATION FOR A HOME FOOD OPERATION:**  
**Cottage Food Operation (CFO) or Microenterprise Home Kitchen Operation (MEHKO)**

**PERMIT TYPE (select one):** ☐ Class A CFO ☐ Class B CFO ☐ MEHKO

**OWNER INFORMATION:**

Owner Name: \_\_\_\_\_  
(First and Last Name of Owner; no Inc., LLC, or partnership)

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Does/Has the owner have/had a health permit to operate in Santa Clara County? ☐ No ☐ Yes (If Yes, please answer the following):

Facility ID#: FA0 \_\_\_\_\_ Facility/Business Name: \_\_\_\_\_

**BUSINESS INFORMATION:**

Business Name (DBA - may not have Inc., LLC, etc. in name): \_\_\_\_\_

Website (if applicable): \_\_\_\_\_

Social Media Apps or Internet Intermediary (if applicable): \_\_\_\_\_

Emergency/Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**SEND OFFICIAL/BILLING CORRESPONDENCE TO (select one):**

☐ Owner ☐ Other: Name: \_\_\_\_\_ Care of: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

This permit is renewable annually. A permit will not be issued or renewed until the application is complete, all fees have been paid in full, and/or all applicable inspections have been passed. The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief, the statements made herein are complete, correct, and true.

The undersigned hereby applies for a Permit to Operate and agrees to operate in accordance with all applicable state and local regulations, laws, ordinances, and codes. Payment of the required fee(s) and late penalties, if any, to secure a valid permit, is required before commencing or continuing operation. Failure to do so may result in a misdemeanor citation, fines, and permit suspension/revocation proceedings. Notify the Department of Environmental Health of any change in the type of business activity, name, billing address, or ownership or if you stop operating within 14 calendar days of a change. Permits and fees are not transferable.

Note: Any information contained in this application is a matter of public record and is available to the public under the California Public Records Act.

Owner Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Facility ID# FA0 _____ ( <input type="checkbox"/> Add New)	Owner ID# OW0 _____ ( <input type="checkbox"/> Add New)
General Program ID# PR0 _____ ( <input type="checkbox"/> Add New)	Designated Employee ID: _____
P/E: <input type="checkbox"/> FP40 <input type="checkbox"/> FP41 <input type="checkbox"/> FP45 Status: <input type="checkbox"/> 01 (Active Billable) <input type="checkbox"/> 04 (Active Exempt)	Permit Valid from: _____ / _____ / _____ to _____ / _____ / _____
General Permit ID# PT0 _____ ( <input type="checkbox"/> Add New)	Permit Status: <u>21</u> Permit Type: <input type="checkbox"/> P <input type="checkbox"/> PV
FHC/FSC Expiration Date: _____ / _____ / _____	
Permit Conditions and Descriptions: [Supervisor Initials _____] <input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete Conditions: _____	

Approved by: _____ Date: _____	<input type="checkbox"/> Bill customer <input type="checkbox"/> Payment Rcv'd Ck#: _____
Supervisor: _____ Date: _____	Date e/Mailed: _____ \$: _____
Support Staff: _____ Entered Date: _____	New AR#: _____ Invoice #: _____



## MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) SELF-CERTIFICATION CHECKLIST

MEHKO Business Name:	Date:
MEHKO Owner Name:	

**I self-certify that my MEHKO will conform to the following requirements:**

<b>Facility Requirements:</b> <b>INITIAL HERE:</b> _____
The MEHKO is in the private primary home where I reside.
Permission has been given by the property owner to operate a MEHKO from this residence.
The MEHKO will not exceed verifiable gross annual sales limitations based on California Consumer Price Index.
All preparation, packaging, storage, or handling of MEHKO food products will take place in the private kitchen within my home (products may be stored in attached rooms within the home that are used exclusively for storage).
Sleeping quarters are excluded from areas used for MEHKO food preparation or storage.
A bathroom with a sink that has warm water, liquid hand soap and paper towels is available for handwashing.
<b>Sanitation Requirements:</b> <b>INITIAL HERE:</b> _____
Kitchen equipment and utensils used to produce MEHKO products will be clean, maintained in good repair, and protected from contamination.
A sink is available with hot and cold water. Hot water is available at a minimum of 120°F.
All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any cottage food products will be washed, rinsed, and sanitized before each use. A sanitizer solution of 100ppm chlorine (may prepare using plain bleach) or 200ppm quaternary ammonia may be used. <ul style="list-style-type: none"><li>• Use appropriate sanitizer test strips to monitor and confirm sanitizer concentration levels.</li></ul>
All food preparation and food/equipment storage areas will be maintained free of rodents and insects.
<b>Food Preparation Requirements:</b> <b>INITIAL HERE:</b> _____
MEHKO operator must obtain a Food Safety Certificate. <i>The Food Safety Certificate must be available for review during routine inspections.</i>
MEHKO employee (if applicable) and all persons that prepare or package MEHKO products must obtain a Food Handler Card. <i>The Food Handler Card must be available for review during routine inspections.</i>

Hands will be washed immediately before handling foods and after any activity that contaminates the hands such as:

- After using the toilet or changing a diaper; after cleaning house, handling chemicals
- After coughing, sneezing, eating, or smoking
- Touching bare human body parts (face, legs, etc.) other than clean hands
- Touching dirty equipment or utensils, garbage, or pets
- After handling raw food (e.g., raw eggs) and before working with ready-to-eat food (e.g., cookies)

Food, food-contact surfaces, and utensils will be protected from contamination.

Food will be free from adulteration and spoilage.

Single-use gloves will be worn if the food handler has any cuts, sores, rashes, artificial nails, nail polish, rings (other than a plain ring, such as a wedding band), uncleanable wrist brace, or fingernails that are not clean, smooth, or neatly trimmed.

- Hands will be washed before putting on gloves.
- Gloves will be changed as often as handwashing is required.

All food ingredients used in the MEHKO products will be from an approved source.

During MEHKO operations, domestic activities such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment will be excluded from the kitchen.

Infants, small children (younger than 12 yr. old), and pets will be excluded from the kitchen.

Smoking will be prohibited in the area(s) of the home used for the MEHKO.

Any person with a contagious illness or is ill with vomiting and diarrhea will not work or enter the permitted area of the MEHKO.

#### **Advertisement & Residential Requirements:**

**INITIAL HERE:** \_\_\_\_\_

The MEHKO residence will not post signage or other displays advertising the MEHKO.

If the MEHKO business is advertised (i.e., website, social media, print ads, etc.), it will indicate the name of the enforcement agency that issued the permit, permit number, and a statement that the food prepared is "Made in a Home Kitchen".

The MEHKO will not use the word "catering" or any variation of the word in any advertisement related to the MEHKO.

The MEHKO will comply with local noise and nuisance ordinances.

#### **Obligation to Discontinue Operation:**

**INITIAL HERE:** \_\_\_\_\_

The MEHKO must discontinue operating if certain problems arise. These include, but are not limited to, the following:

- Cockroach, rodent, or fly infestation.
- No electricity
- Fire
- Lack of or broken refrigeration
- No available sanitizer to wash dishes.
- Ill food handler/employee
- Any other condition that poses an imminent health hazard to the public



## MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) STANDARD OPERATING PROCEDURES

Please print or type all information.

HOME KITCHEN OPERATOR INFORMATION			
Name of Operation:		Operator's Phone Number:	
MEHKO Owner's Name:		MEHKO Employee's Name (if applicable):	
MEHKO Address:	City:	State: CA	ZIP:
Email:	Website (if applicable):		

PROPOSED HOURS OF OPERATION							
<b>Describe a typical schedule of your operation including the time(s) when food will be prepared and served and the estimated number of meals to be prepared each day. (Cannot exceed 30 meals per day and no more than 90 meals per week.)</b>							
	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Times of MEHKO operation</b>							
<b>Number of meals per day</b>							

GENERAL REQUIREMENTS	
<b>Please read each statement carefully and initial to confirm your understanding. Contact Santa Clara County Department of Environmental Health (DEH) with questions.</b>	
I understand that no more than one full-time employee, not including family members or household members, is allowed.	_____ Initials
I understand that all food must be served or delivered to the customer on the same day as it is prepared or cooked. Leftovers will not be used, sold, or given away.	_____ Initials
I understand that food processes that require a Hazard Analysis Critical Control Point Plan, as specified, including but not limited to smoking, curing, reduced oxygen packaging, and sous vide are not allowed.	_____ Initials
I understand that the production, manufacturing, processing, freezing, or packaging of milk or milk products such as cheese, ice cream, yogurt, sour cream, butter, and the service and sale of raw oysters and raw milk are not allowed.	_____ Initials
I understand the areas used for my MEHKO must always be clean, sanitary, in good repair, and free of vermin (i.e., ants, cockroaches, rodents, flies).	_____ Initials
I understand that my MEHKO is subject to an annual inspection by DEH and if a complaint is received or a food-illness investigation is needed. <i>DEH may seek reimbursement of inspection costs if the MEHKO is found to be in violation of the California Health and Safety Code.</i>	_____ Initials

## FOOD PROTECTION & STORAGE

I will use a calibrated probe thermometer to confirm that the temperature of all potentially hazardous food is held at or above 135°F or at or below 41°F.

\_\_\_\_\_  
Initials

I will verify, with a calibrated probe thermometer, that food of raw animal origin or containing food of raw animal origin will be cooked to meet minimum internal temperature requirements as follows:

- Poultry, ground poultry, stuffed meat/fish/poultry, pasta stuffed with meat to 165°F for 15 seconds
- Ground meat to 155°F for 15 seconds
- Pork, fish, eggs to 145°F for 15 seconds

\_\_\_\_\_  
Initials

I understand that all food must be obtained from an approved source. An approved source, who include that is not limited to, a place that has an operating permit with the Department of Environmental Health (i.e., grocery store, farmer's market, convenience store), restaurant supply store, etc.

\_\_\_\_\_  
Initials

1. List and describe all areas where food and utensils used for the MEHKO will be stored.

## WARE WASHING

1. Multi-use utensils and equipment will be cleaned and sanitized using the following method(s): *(check all that apply)*

- ☐ Utensil washing sink  
☐ Dishwasher

2. Type of sanitizer that will be used:

- ☐ Chlorine (100 ppm – 1 tablespoon of unscented chlorine bleach per gallon of water)  
☐ Another approved sanitizer: \_\_\_\_\_

Describe your cleaning and sanitizing process. *\*State law requires that kitchen utensils use the three-step cleaning process: 1) wash with soapy water, 2) rinse with just water, 3) sanitize with a sanitizing agent such as bleach.*

## FOOD SERVICE / DELIVERY

I understand food orders and payments may be accepted via internet, mail, or phone. All food must be delivered directly (in person) to the customer. No food can be delivered via third-party delivery service (non-employee, non-household, and non-family members), unless the customer has a physical or mental condition that is a disability which limits their ability to access the food without the assistance of a third-party delivery service. Records must be maintained on the number and dates of food deliveries.

\_\_\_\_\_  
Initials

1. Will you be allowing on-site dining in your home?

☐ No

☐ Yes (*If yes, please answer the following*):

☐ Describe all areas where the food will be served in your residence:

2. Will food be delivered to customers?

☐ No

☐ Yes (*If yes, please answer the following*):

☐ Will the food be delivered within 30 minutes of packaging? ☐ No ☐ Yes

☐ If delivery exceeds 30 minutes, describe how food temperatures will be maintained hot/cold:

3. Will food be available for pick-up by customers?

☐ No

☐ Yes (*If yes, please answer the following*):

☐ Will the food be picked up within 30 minutes of packaging? ☐ No ☐ Yes

☐ If the time until pick-up exceeds 30 minutes, describe how food temperatures will be maintained hot/cold:

## LIQUID WASTE / GARBAGE

I understand that in the event of septic failure or plumbing issues the MEHKO must immediately contact the Department of Environmental Health and cease all MEHKO preparation until repairs are completed and all affected areas are cleaned and sanitized.

\_\_\_\_\_  
Initials

I understand grease and oil waste cannot be disposed down any sinks in the MEHKO residence.

\_\_\_\_\_  
Initials

1. Where and how will garbage be discarded on your property?

2. How often is garbage picked up from your property?

FOODS TO BE PREPARED	
1	1.1
2	2.1
3	3.1
4	4.1
5	5.1
6	6.1
7	7.1
8	8.1
9	9.1
10	10.1
11	11.1
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97	97.1
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99	99.1
100	100.1

1. List all cooking equipment, such as ovens, stoves, etc. and food equipment, such as blenders, food processors, cutting boards, etc. used for the MEHKO. *Please note that food contact surfaces must be easily cleanable and non-absorbent.*
2. What constitutes a meal for your MEHKO? List all “meals” proposed. Examples: 12” pizza = 1 meal; tamale plate combination = 1 meal.

**Complete the following for all food and beverages offered. Attach additional pages if necessary.**

[illegible]



Complete the following for all food and beverages offered. Attach additional pages if necessary.

Menu Item	Is this item an Appetizer, Entrée, Side, Dessert, or Beverage?	Ingredients  (Be aware of the 9 major food allergens)	<ul style="list-style-type: none"> <li>• Will the food or beverage be offered hot, cold, or at room temperature?</li> <li>• Where will it be stored to maintain proper temperature?</li> </ul>

### ACKNOWLEDGMENT

I understand and agree that any changes to my operating procedures, including the menu, will require prior approval from this Department. I also understand that the approval to operate a MEHKO is based upon my adherence to the California Retail Food Code, Santa Clara County Ordinance, and all other information provided in this document. Failure to operate in accordance with these Standard Operating Procedures (SOP) may result in permit suspension and/or the repeal of approval to operate a MEHKO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### For Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

(Sr. REHS Specialist)