MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) APPLICATION & STANDARD OPERATING PROCEDURES

(last revised September 3, 2026)

To initiate the review of your application for the preparation and sales of food from your home kitchen, please complete and submit this form, along with other requested documents, to Alameda County Environmental Health Department (EHD). Provide copy of photo identification.

HOME KITCHEN OPERATOR INFORMATION

Name of Operation (DBA):

Operator's Name:

Operator's Address:

City:

State:

Operator's Phone Number:

Email Address:

Property Owner Name:

Property Owner Address and Phone Number:

PROPOSED HOURS OF OPERATION

Identify day(s)/time(s) when food production will occur.

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

Proposed number of meals to be prepared each day.

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:

How will the MEHKO be advertised? (NO posting of signage or other outdoor displays advertising the MEHKO.)

List website/advertising platforms:

Internet Intermediary (List companies used):

GENERAL REQUIREMENTS

Please read each statement carefully and select Yes or No to confirm your understanding. Contact this Department with questions.

Statement	Selection
I understand that I am required to obtain and display a valid Health Permit from the Alameda County Environmental Health Department.	◯ Yes ◯ No
I understand I must obtain an approved food safety manager certification within 60 days.	◯ Yes ◯ No
I understand my employee must obtain an approved food handler card within 30 days.	◯ Yes ◯ No
I understand the operation is limited to my residence, where the food will be stored, handled, prepared, and served.	◯ Yes ◯ No
I understand that no more than one full-time employee, not including family members or household members, is allowed.	◯ Yes ◯ No
I understand that food served must be prepared, cooked, and served or delivered on the same day.	◯ Yes ◯ No
I understand that no food processes that require a HACCP plan, as specified, including but not limited to smoking, curing, reduced oxygen packaging, and sous vide are allowed.	◯ Yes ◯ No
I understand that the production, manufacturing, processing, freezing, and 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 prohibited.	◯ Yes ◯ No
I understand that animals must be kept outside of the kitchen and dining areas during food preparation and service.	◯ Yes ◯ No
I understand that food preparation is limited to no more than 30 individual meals per day and no more than 90 individual meals per week.	◯ Yes ◯ No
I understand that the MEHKO may not have more than $110,442 (as of January 1, 2026) in gross annual sales. *Provide Verification of annual gross sales documentation upon request.	◯ Yes ◯ No
I understand that food may only be sold directly to consumers, not to any wholesaler or retailer.	◯ Yes ◯ No
I understand that I am prohibited from posting signage or outdoor advertising displays and must comply with all applicable nuisance ordinances.	◯ Yes ◯ No
I understand that the areas essential to my MEHKO must be clean, sanitary, in good repair, and free of vermin (i.e., cockroaches, rodents, flies) at all times.	◯ Yes ◯ No
I understand that my MEHKO is subject to inspection by this Department if a consumer or other complaints are received.	◯ Yes ◯ No
I understand I am applying as a sole proprietor and must remain a sole proprietor while owning this MEHKO.	◯ Yes ◯ No

FOOD HANDLER HEALTH & HYGIENE

Statement	Selection
The permit holder shall notify this Department if a person is experiencing symptoms of gastrointestinal illness (i.e. diarrhea, vomiting) or diagnosed with an illness that can be transmitted by food or by a food handler. Person suffering from symptoms should be prevented from entering the kitchen when food is being prepared.	◯ Yes ◯ No
Food handlers experiencing sneezing, coughing, or runny nose are not allowed to work with unpackaged food, clean equipment, utensils, or linens.	◯ Yes ◯ No
Food handlers are required to wash their hands prior to food preparation, before putting on new gloves, after using the restroom, after touching body parts, after touching any animal, after taking out trash, or after any other activity that contaminates the hands.	◯ Yes ◯ No
The handwashing sink in the restroom must be supplied with warm water, soap, and paper towels.	◯ Yes ◯ No
Food handlers are required to keep their fingernails trimmed, filed and maintained clean, wear gloves over nail polish or artificial nails, wear hair restraints when preparing food, and wear clean outer clothing. Ring other than a plain ring is prohibited.	◯ Yes ◯ No
Food handlers who have an open or draining wound shall not handle food or food related items, unless the wound is protected and properly covered by a bandage and a non-latex glove to prevent contamination.	◯ Yes ◯ No

FOOD PROTECTION

Statement	Selection
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.	◯ Yes ◯ No
I will verify with a calibrated probe thermometer all potentially hazardous food will be hot held at or above 135°F or cold held at or below 41°F.	◯ Yes ◯ No
I understand that all food must be obtained from an approved source.	◯ Yes ◯ No
I understand food must be cooked to the following minimum internal cooking temperatures: 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	◯ Yes ◯ No

WAREWASHING

Multi-use utensils and equipment will be cleaned and sanitized using a utensil washing sink. ◯ Yes ◯ No

Multi-use utensils and equipment will be cleaned and sanitized using a dishwasher. ◯ Yes ◯ No

Chlorine (100 ppm - 1 tablespoon of unscented chlorine bleach per gallon of water) will be used for equipment sanitization. ◯ Yes ◯ No

Other approved sanitizer:

Describe cleaning and sanitizing process:

FOOD SERVICE/DELIVERY

Will deliveries be within 30 minutes? ◯ Yes ◯ No

Will food products be available for customer pick-up? ◯ Yes ◯ No

Will food products be available for delivery to customers? ◯ Yes ◯ No

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.

◯ Yes
◯ No

List all areas where the food will be served in your MEHKO.

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

Describe how you will be disposing any remaining food after the food service hours of operation.

How will food be held hot/cold during transportation?

Describe how food will be packaged for transportation:

WATER SOURCE

Verify the MEHKO is on a potable water source.

Public water system or community services department:

Private water supply. Identify the source (i.e., well, etc.):

All private water supplies must have water quality testing by a State Certified Laboratory. Attach a copy of the results for the Bacteriological Test (annual results).

I understand that in the event of a water outage or improper water test results (for private water supply only) the MEHKO must immediately cease all MEHKO food preparation and service until water is restored or water is re-tested to show acceptable bacteriological levels. ◯ Yes ◯ No

DISPOSAL OF WASTE

Check the type of wastewater disposal used for this MEHKO.

- ◯ Public sewer system
- ◯ Private septic system

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

◯ Yes ◯ No

1. Where and how will refuse be stored on your property?

2. How often will refuse be picked up from property?

3. Describe how grease and oil waste will be properly stored and recycled.

SAFETY

Explain how gases, odors, steams, heat, grease, vapors, and smoke are able to escape from the kitchen.

Identify the location of fire extinguisher:

Identify the location of the first aid kit:

TRAINING/LICENSING

Provide copies documenting the following certifications/licenses:

- Food Safety Manager Certification
- Food Handler Card (For all persons involved in the preparation, storage or service of food in a MEHKO, except the Food Safety Manager)

FOODS TO BE PREPARED

Attach a copy of your menu. Include all foods, beverages, and seasonal menus if applicable.

List all cooking equipment and food equipment used for the MEHKO.

What constitutes a meal? List all "meals" proposed.

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

- Menu item
- Indicate Entree, Side, Dessert, or Beverage
- List of Ingredients (Note Major Food Allergens)
- How will the food be maintained at proper holding temperature?

Menu Item 1:

Menu Item 2:

Menu Item 3:

Menu Item 4:

Menu Item 5:

Menu Item 6:

Menu Item 7:

Menu Item 8:

OBLIGATION TO DISCONTINUE OPERATION

The MEHKO must discontinue operation for the safety of the public. This includes, but is not limited to the following reasons:

- No hot or cold running water
- Sewage back-up
- Cockroach, rodent, or fly infestation
- No electricity
- Fire
- Lack of refrigeration
- No sanitizer available
- Any condition that poses an imminent health hazard to the public
- Ill food handler

Initials: _____

ACKNOWLEDGMENT

I confirm I am at least 18 years of age. I understand and agree that any changes to my operating procedures, including 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, Alameda County Ordinance 6.68, and all information provided in this document.

Signature: _____ Date: _____

Print Name: _____ Title: _____

For Office Use Only

Comments:

_____

Approved By: _____ Date: _____

Print Name: _____ Title: _____