

Permitted Kitchen Verification Form for Pop-Up

Food Facility owner (host) completes numbers 2, 3, and 4 below and signs this document.
Pop-up owner to submit this document in addition to SFDPH catering application packet to SFDPH (if not licensed).
Document must be submitted at least 2 weeks prior to popping-up.
Pop-up applicant needs to apply annually.

Pop-up: *A licensed food facility operating no more than 3 days/week out of a currently permitted food facility*

Date: _____

1. Pop-Up Owner:

Name(s): _____ Phone: _____ Email: _____

DBA: _____

Commissary Address: _____
(where food is prepared)

Commissary DBA: _____

Do you currently have food permit with SFDPH or any other city/county? Yes No

If yes, please state name & address of facility and permitting city/county: _____

2. Pop-Up Vending Location: (To be completed by host facility owner)

Name(s): _____ Phone: _____ Email: _____

DBA: _____

Address: _____

I hereby declare that _____ has my permission to operate from my
(Pop-up Vendor)

licensed Food facility, _____, at _____
(Food Facility DBA) (Food Facility Address)

for the period of _____ for their pop-up business.
(month/year – month/year)

The above mentioned pop-up will be operating at my food facility during the following days and hours:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

3. My permitted facility is well maintained, complies with health and safety requirements, and will provide the pop-up noted above the following facilities and/or services (circle all that apply):

- a. Adequate facility for storage of food, utensils, equipment, and other supplies
- b. Adequate facility for sanitary disposal of garbage, refuse, and liquid wastes
- c. Adequate facility for food preparation
- d. Adequate electrical outlets and electrical hook-ups
- e. Potable water
- f. Hot and cold water under pressure for cleaning
- g. NSF approved equipment
- h. Approved janitorial sink (mop sink), toilet, utensil washing sinks, and food preparation sink
- i. Approved hand wash facilities with wall mounted paper towel and liquid soap dispensers
- j. Maintains daily log sheet (check in/out) signed by food facility owner to verify pop-up of usage facility

I, _____, Permit Holder of the above mentioned host facility, agree to notify SFDPH if the above mentioned pop-up discontinues operating at my site. I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Permit to Operate may be jeopardized if found to be in violation of this agreement and that I will be responsible for any/all health code violations conducted by the pop-up vendor. As the facility owner I agree to obey all other City/County/State regulations including but not limited to fire, building, plumbing, electrical codes, etc. Furthermore, the restaurant and pop-up owner agrees to indemnify, hold harmless, and assume the defense of the City and County of San Francisco from and against any and all claims, demands, and actions for damages resulting from work under this permit. I have read and understood my responsibilities as the host facility.

Pop-up Owner (Print Name)	Signature	Date
Food Facility Owner (Print Name)	Signature	Date

For Department of Public Health Office Use Only			
Fee: \$191.00		Payment Received By _____	(date)
Receipt # _____	Invoice Issued _____	Amount Due \$ _____	