



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Food Protection

**PLAN REVIEW AND APPROVAL
for
Caterer without Premises**

REGULATORY REQUIREMENTS

Rev. 8/2015

PLAN REVIEW AND APPROVAL FOR CATERERS WITHOUT PREMISES

INTRODUCTION

This information packet describes the requirements to operate a food establishment for catering. This packet does not provide a complete listing of the requirements. To obtain a copy of the State of Delaware Food Code, contact the Office of Food Protection (OFP), or one of the following offices of the Environmental Health Field Services (EHFS):

New Castle County:	258 Chapman Rd., Chopin Bldg., Suite 105, Newark, DE 19702	302-283-7110
Kent County:	Thomas Collins Building, Suite 5, 540 S DuPont Hwy, Dover, DE 19901	302-744-1220
Sussex County:	Georgetown State Service Center, 544 S Bedford St, Georgetown, DE 19947	302-515-3302

Submit the following to: Caterer Review, Office of Food Protection
417 Federal Street, Dover DE 19901-3635
Phone number: 302-744-4546; FAX number: 302-739-3839

1. One completed Application for Food Establishment Permit (use blank form provided)
2. One completed Type of Food Operation (use blank form provided)
3. One completed Food Preparation Review (use blank form provided)
4. Proposed or actual menu
5. Equipment schedule, including manufacturers name and model number or specification sheets, for intended transport containers
6. Servicing Area Agreement (use blank form provided)

Plans will be reviewed within thirty (30) working days in the order they are received. If further information is needed, you will be notified.

Pre-operational inspections are required before issuance of the operating permit and commencement of food establishment operations.

Note: The information provided in this packet pertains to review and approval of plans and specification for a "Food Establishment," as defined below. This packet does not pertain to the operation of a "Food Processing Plant," defined in the State of Delaware Food Code as "...a commercial operation that manufactures, packages, labels, or stores food for human consumption and provides food for sale or distribution to other business entities such as food processing plants or food establishments." For additional information on regulations that apply to a food processing plant, contact the Office of Food Protection at 302-744-4546 prior to beginning operations.

AUTHORITY

Title 16 Delaware Code § 122 empowers Delaware Health and Social Services to promulgate and enforce standards to regulate food establishments which may include, but are not limited to, restaurants, caterers, temporary food vendors, grocery stores, food vending machines, ice manufacturers, and cottage industries that prepare or handle food for human consumption.

DEFINITION

(1) "**Food establishment**" means an operation that: (a) stores, prepares, packages, serves, vends food directly to the consumer, or otherwise provides food for human consumption such as a restaurant; satellite or catered feeding location; catering operation if the operation provides food directly to a consumer or to a conveyance used to transport people; market; vending location; conveyance used to transport people; institution; or food bank; and (b) relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers.

(2) "**Food establishment**" includes: (a) An element of the operation such as a transportation vehicle or a central preparation facility that supplies a vending location or satellite feeding location *unless the vending or feeding location is permitted by the regulatory authority*; and (b) An operation that is conducted in a mobile, stationary, temporary, or permanent facility or location; where consumption is on or off the premises; and regardless of whether there is a charge for the food.

No food operations are approved prior to satisfactory pre-operational inspection by the Office of Food Protection.

OPERATIONS THAT DO NOT REQUIRE A FOOD ESTABLISHMENT PERMIT

1. An establishment that offers only pre-packaged foods that are not time/temperature control for safety;
2. A produce stand that only offers whole, uncut fresh fruits and vegetables;
3. A food processing plant;
4. A kitchen in a private home if only food that is not time/temperature control for safety is prepared for sale or service at a function such as a religious or charitable organization's bake sale if allowed by law and if the consumer is informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to regulation and inspection by the Division of Public Health;
5. An area where food that is prepared as specified immediately above is sold or offered for human consumption;
6. A kitchen in a private home such as a small family day-care provider; or a bed-and-breakfast operation that prepares and offers food to guests if the home is owner occupied, the number of available guest bedrooms does not exceed 6, breakfast is the only meal offered, the number of guests served does not exceed 18, and the consumer is informed by statements contained in published advertisements, mailed brochures, and placards posted at the registration area that the food is prepared in a kitchen that is not regulated and inspected by the Division of Public Health; or
7. A private home that receives catered or home-delivered food; or a private home in which an individual is hired to prepare foods for personal consumption.

Specialized Food Processing Operations -

The operation of a food processing plant for the preservation of products intended for use as human food, including all methods of preservation of low-acid canned foods and acidified foods, reduced-oxygen-packaging, fermentation, salting, or smoking requires a request specific approval, including a variance approval for deviation from the DE Food Code and an approved Hazard Analysis Critical Control Point (HACCP) plan. This includes preparation of foods such as hot sauces, pickles or cured meats. Some processes require a review by a process authority.

Contact the Office of Food Protection for requirements involved with specialized processing catering operations in a Food Establishment.

RESPONSIBILITIES OF THE FOOD ESTABLISHMENT PERMIT HOLDER

Conditions of Retention of the Food Establishment Permit

Upon acceptance of the permit to operate a food establishment issued by the Division of Public Health (DPH), the permit holder shall:

1. **POST PERMIT** Post the permit in the establishment in a location conspicuous to consumers.
2. **ALLOW ACCESS** Allow representatives of DPH access to the food establishment during the food establishment's hours of operation and other reasonable times. After the DPH representative presents official credentials and provides notice of the purpose of, and an intent to conduct an inspection, the person in charge shall allow the DPH representative to determine if the food establishment is in compliance with State of Delaware Food Code ("the code") by allowing access to the establishment, allowing inspection, and providing information and records to which DPH is entitled according to law.
3. **COMPLY WITH REGULATIONS** Comply with DPH directives including time frames for corrective actions specified in inspection reports and other directives issued by DPH in regard to the permit holder's food establishment. Comply with the conditions of a granted variance, and conditions of approved facility plans and specifications.
4. **COMPLY WITH HACCP PLAN** If a food establishment is required to operate under a Hazard Analysis Critical Control Point (HACCP) plan, comply with the plan as specified in the code.
5. **ACCEPT NOTICES** Accept notices issued and served by DPH according to law. Be subject to the administrative, civil, injunctive, and criminal remedies authorized in law for failure to comply with the code or DPH directives, including time frames for corrective actions specified in inspection reports and other directives.
6. **DISCONTINUE OPERATIONS FOR IMMINENT HEALTH HAZARD** Immediately discontinue operations and notify DPH if an imminent health hazard may exist because of an emergency such as fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross insanitary occurrence or condition, or other circumstance that may endanger public health.
7. **REPORT ILL EMPLOYEE** Immediately contact DPH to report an illness of an employee who is diagnosed with Norovirus, *Salmonella typhi* (Typhoid fever), nontyphoidal *Salmonella*, *Shigella* spp., Shiga toxin-producing *E. coli* including O157:H7, or Hepatitis A virus.
8. **REPLACE FACILITIES AND EQUIPMENT** Replace existing facilities and equipment with facilities and equipment that comply with the code if:
 - a. DPH directs the replacement because the facilities and equipment constitute a public health hazard or nuisance or no longer comply with the criteria, upon which the facilities and equipment were accepted,
 - b. DPH directs the replacement of the facilities and equipment because of a change of ownership, or
 - c. The facilities and equipment are replaced in the normal course of operation.

PERMITS

FOOD ESTABLISHMENT PERMIT FEE

FEE IS DUE UPON RECEIPT OF INVOICE. NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.
IF CLAIMING EXEMPTION FROM FEES, A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER MUST BE ON FILE.
Food establishments are charged an annual, non-refundable fee, based on type of facility, as follows:

1.	Public Eating Place	\$100.00
2.	Retail Food Store	\$100.00
3.	Ice Manufacturer	\$30.00
4.	Commercial Food Processor	\$30.00
5.	Vending Machine Location	\$30.00

Note: The permit fee is not due until the facility is approved for an operating permit.
At that time, an invoice will be sent to the establishment owner or operator.

A permit shall only be issued to proposed food establishments that comply with the regulations. Permits are not transferable from person to person, nor from location to location. The permit shall be posted in a location conspicuous for public view. A permit remains valid for one (1) year from the date of issuance, unless the food establishment is permanently closed; or a new owner, management firm, or lessee takes possession; or the permit is suspended or revoked by the Division of Public Health for violations of the State of Delaware Food Code.

OTHER AGENCIES INVOLVED WITH PLAN REVIEW AND PERMITTING

STATE AGENCIES

Division of Revenue	- business license
State Fire Marshal's Office	- fire / life safety code Dept. of
Natural Resources and Environmental Control	- wells and septic systems State
Plumbing Inspector (Kent and Sussex counties)	- plumbing code
Alcoholic Beverage Control Commission	- alcoholic beverages

COUNTY AGENCIES

New Castle County Government	- zoning, building code, plumbing code
Kent County Government	- zoning, building code
Sussex County Government	- zoning, building code

LOCAL GOVERNMENTS

When located within city or town limits, contact the municipal jurisdiction for additional compliance requirements in zoning, building code, and where applicable plumbing code and fire code.

NOTE

This summary of requirements was developed as a guide only, and is not intended to be all-inclusive. Therefore, upon review of submitted plans, the letter of approval may specify additional conditions for operating a food establishment, which may include, but are not necessarily limited to, these requirements.



APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.

1. NAME AND LOCATION OF FOOD ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

TEL NO. OF ESTABLISHMENT: _____ -- _____ -- _____ FAX NO. _____ -- _____ -- _____

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT/OWNER 3. SEASONAL/TEMPORARY MAILING ADDRESS (IF APPLICABLE)

TEL NO. _____ -- _____ -- _____ TEL NO. _____ -- _____ -- _____

4. MAIL CORRESPONDENCE TO (CHECK ONE): ADDRESS SHOWN IN **BLOCK #A1** ADDRESS SHOWN IN **BLOCK #A2**

SECTION B: CLASSIFICATION

TYPE OF FOOD ESTABLISHMENT (CHECK ALL THAT APPLY)

- 1. FIXED LOCATION
- 2. MOBILE UNIT (SPECIFY FACILITY USED AS SERVICING AREA _____)
- 3. SEASONAL (SPECIFY DATES OF OPERATION _____)

◆ IF THIS IS A CHANGE OF OWNERSHIP, INDICATE BELOW THE PREVIOUS FOOD ESTABLISHMENT NAME, IF KNOWN.
PREVIOUS NAME: _____ PREVIOUS BUSINESS ID: _____

TYPE OF PERMIT REQUESTED (CHECK ALL THAT APPLY)

- 1. FOOD SERVICE (RESTAURANT)
- 2. RETAIL FOOD STORE
- 3. FOOD PROCESSOR
- 4. VENDED FOOD
- 5. ICE MANUFACTURING

TYPE OF BUSINESS ENTITY

- 1. INDIVIDUAL
- 2. PARTNERSHIP (NAME: _____)
- 3. ASSOCIATION (NAME: _____)
- 4. CORPORATION (NAME: _____)
- 5. OTHER ENTITY (SPECIFY TYPE: _____)

6. INTERNAL REVENUE SERVICE STATUS (CHECK ONE) FOR PROFIT OR NON – PROFIT

NOTE: NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.

IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER.

FEES: PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, STRUCTURE CONVERSION TO FOOD ESTABLISHMENT, REMODELING, OR CHANGES IN ESTABLISHMENT TYPE OR FOOD OPERATION TYPE. INCLUDE THE REQUIRED NON-REFUNDABLE FEE WITH THIS APPLICATION. MAKE CHECK PAYABLE TO "STATE OF DELAWARE."

THE ESTABLISHMENT PERMIT FEE IS NOT DUE UNTIL THE FACILITY IS APPROVED FOR OPERATION. AT THAT TIME, AN INVOICE WILL BE SENT TO THE ESTABLISHMENT APPLICANT.

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)

I, THE UNDERSIGNED, IN APPLYING FOR A FOOD ESTABLISHMENT PERMIT, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE STATE OF DELAWARE REGULATIONS GOVERNING FOOD ESTABLISHMENTS AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE X _____ DATE ____/____/____

FOR OFFICIAL USE ONLY BELOW THIS LINE

APPLICATION REVIEWED: APPROVED _____ DISAPPROVED _____ BY _____ DATE _____



**PLAN REVIEW AND APPROVAL
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TYPE OF FOOD OPERATION

APPLICANT: (PRINT) _____ DATE: ___/___/___

FOOD ESTABLISHMENT NAME: _____

Changes in the type of food operation may require review and approval of plans and specifications by the Division of Public Health to ensure compliance with current Food Establishment regulations.

Check one or more items below to indicate type of food operation(s)

PREPARATION AND SALE OF NON-TIME/TEMPERATURE CONTROL FOR SAFETY FOOD.*

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD* Only to order upon a consumer's request.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* in advance, in quantities based on projected consumer demand, and discards food that is not sold or served, at an approved frequency.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* in advance, in quantities based on projected consumer demand, and discards food using time as the public health control.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* in advance, where preparation involves two or more of the following steps: combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding, cold holding; or freezing.

PREPARATION, SALE AND SERVICE OF TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* in advance, where preparation involves two or more of the following steps: combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing for delivery to and consumption at a location off the premises of the food establishment where it is prepared.

PREPARATION, SALE AND SERVICE TIME/TEMPERATURE CONTROL FOR SAFETY FOOD;* in advance, where preparation involves two or more of the following steps: combining time/temperature control for safety ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing for service to a highly susceptible population.**

DEFINITION OF TERMS

* Time/Temperature Control for Safety Food: a food that requires time/temperature control for safety(TCS) to limit pathogenic microorganism growth or toxin formation.

** Highly Susceptible Population: persons who are more likely than others in the general population to experience foodborne disease because they are immunocompromised, preschool age children or older adults and obtain food at a facility such as a child or adult day care center, kidney dialysis center, hospital, nursing home or senior center .



FOOD PREPARATION REVIEW

1. IDENTITY OF FOOD PREPARATION REVIEW

Name of Food Establishment _____

Applicant _____

Address of Food Est. _____

Phone: _____

2. FOOD ESTABLISHMENT OPERATING CHARACTERISTICS

A. Total square footage of food establishment premises: _____ SQ. FT.

B. Number of floors on which food operations are conducted: _____ FLOOR(S)

C. Type of meal service to be provided: (Check all that apply)

<input type="checkbox"/> Take Out Food	<input type="checkbox"/> Seated Dining
<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Delivery of Prepared Food
<input type="checkbox"/> Catering on premises	<input type="checkbox"/> Catering off premises
<input type="checkbox"/> Highly Susceptible Population* (see definition below)	

* **Highly Susceptible Population:** means persons who are more likely than others in the general population to experience foodborne disease because they are immunocompromised, preschool age children or older adults and obtain food at a facility such as a child or adult day care center, kidney dialysis center, hospital, nursing home or senior center.

D. Number of seats for dining: Interior _____ Exterior _____

E. Hours of operation:
Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

If seasonal, specify approximate dates of operation:
From _____ to _____

F. Approximate daily maximum number of meals to be served:
Breakfast: _____ Lunch: _____ Dinner: _____

3. FOOD HANDLING PROCEDURES

In each of the following sections, provide a brief description of your standard procedures to ensure that food is safe, unadulterated, and honestly presented when offered to the consumer. Use additional sheets, if necessary.

A. Receiving Approved Source

How will you ensure that all foods are purchased from inspected and approved sources, such as retail store, purveyor, commercial processor, etc.?

B. Storage Protection from Contamination, Refrigerated and Frozen

How will you ensure that foods are maintained at 41°F or below, or frozen food maintained frozen?

FOOD PREPARATION REVIEW

How will you prevent cross-contamination between raw foods (meats, poultry, seafood) and cooked ready-to-eat foods?

C. **Preparation** Protection from Contamination

How will frozen foods be thawed before cooking?

How and where will foods (meat, poultry, seafood, produce) be washed and rinsed on-premises?

How will you minimize the time foods are in the Danger Zone (41°F - 135°F) during preparation?

How will ready-to-eat foods made by combining ingredients, such as tuna or chicken salad, be chilled after preparation?

D. **Cooking** Destruction of Organisms

How will you measure the required final cooking temperatures of time/temperature control for safety foods (thermometers, etc.)?

E. **Service** Limiting Growth of Organisms

How will hot foods be maintained at 135°F or above during hot holding for service (steam tables, warmers)?

How will cold foods be maintained at 41°F or below during cold holding for service (cold pan units, buffet tables, etc.)?

D. **Cooling** Limiting Growth of Organisms

How will foods be cooled from 135°F to 70°F within 2 hours and from 70°F to 41°F within 4 hours (ice bath, etc.)?

E. **Reheating** Limiting Growth of Organisms

Describe how foods for hot holding will be rapidly reheated to 165°F for 15 seconds within 2 hours (range, microwave).

F. **Disposal** Segregation and Disposition of Distressed or Contaminated Food

Describe the location for separation of contaminated/distressed foods. Describe your procedures to discard foods from unapproved sources, adulterated foods, and foods contaminated by employees or consumers.

Thank you for completing this Food Preparation Review. For information concerning food safety principles involved in these procedures, consult State of Delaware Food Code, or contact the Office of Food Protection.



CATERER AND TRANSPORT EQUIPMENT SCHEDULE

NAME OF FOOD ESTABLISHMENT:	DATE: ___/___/___
SUBMITTED BY:	

ITEM NO.	ITEM DESCRIPTION	MANUFACTURER	MODEL NO.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

(USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)



SERVICING AREA AGREEMENT FOR CATERER WITHOUT PREMISES

PART 1

From (Applicant/Operator): _____

I have applied for a Food Establishment permit to operate as a caterer without premises, in accordance with the requirements set forth in the State of Delaware Food Code.

I agree to conditions set forth in this Section, specifically:

a. The caterer without premises shall operate from a Servicing Area, using the premises of the permitted Food Establishment indicated in Part 2 below for receiving, storage, preparation and packaging. The caterer shall operate in a safe and sanitary manner, shall be accessible for regulatory inspections and is required to maintain a valid Food Establishment permit while conducting the approved business; and

b. The Servicing Area used as an operating base for the caterer without premises shall possess a valid Food Establishment permit issued by the Division of Public Health, and shall be constructed and operated in compliance with the Regulations.

Signature of Applicant/Operator: (X) _____

Printed Name: _____ Date: ____/____/____

PART 2

From (Food Establishment Permit Holder): _____

I agree to allow the above-named operator use of the facilities located at:

Permitted Food Establishment	Business/Facility ID No.	Permit Expiration Date
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Street Address of Permitted Food Establishment	City	State	Zip Code
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for servicing operations of a caterer without premises.

Signature of Permit Holder: (X) _____

Printed Name: _____ Date: ____/____/____

FOR OFFICIAL USE ONLY BELOW THIS LINE

AGREEMENT REVIEWED: APPROVED _____ DISAPPROVED _____ BY _____ DATE ____/____/____