

Environmental Health * 463 Aviation Blvd, Santa Rosa, CA 95403 * 707-565-6565 * EH@sonoma-county.org https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/

MICROENTERPRISE HOME KITCHEN OPERATION (MEHKO) RENTAL NOTIFICATION FORM

This form must be filled out by the MEHKO operator and rental property management and/or property owner.

	PROPERTY MANAGEMENT	PROPERTY OWNER	OTHER		
APPLICAN	NT INFORMATION				
MEHKO'S NA	AME:				
OPERATOR NAME:					
MEHKO SITI	E ADDRESS:				
CITY/ZIP:					
PREMISES F	PHONE #:	CELL PHONE #:			
CONTACT E	MAIL:	OTHER EMAIL:			
TYPE OF I	KENTAL				

APARTMENT BUILDING HOUSE	OTHER	
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Microenterprise Home Kitchen Operation (MEHKO) permits do not exempt operators from adhering to rules and restrictions identified in a residential property lease.

NOTIFICATION FOR MEHKO ACTIVITIES AT THE ABOVE LOCATION

California Retail Food Code Section 113825 Defines MEHKO as the following:

(a) "MICROENTERPRISE HOME KITCHEN OPERATION" means a FOOD FACILITY that is operated by a resident in a private home where FOOD is stored, handled, and prepared, and served to consumers. Food can be consumed onsite, picked up or delivered.

For a complete reference of MEHKO, refer to the Excerpt from the California Health and Safety Code Division 104-Environmental Health, Part 7. California Retail Food Code, Chapter 1. General Provisions

PROPERTY OWNER/MANAGEMENT ACKNOWLEDGMENT

I,	, am the owner and/or managing agent of the property located			
at	- (the "Property") and am legally authorized to act on behalf of the			
Property. I understand and acknowledge that the tenant	("Tenant")			
residing at	(insert address and unit number, if applicable)			
is currently applying for a Microenterprise Home Kitchen Operation ("MEHKO") permit from Sonoma County Environmental Health				
pursuant to Chapter 14-3-070 of the Sonoma County Code. If a MEHKO permit is issued to the Tenant, the Tenant will be operating a				
home kitchen and following requirements per County Ordinance. Details can be found at Sonoma County MEHKO				

FULL NAME:	TITLE:	
SIGNATURE:	PHONE:	DATE: