PLUMAS COUNTY
ENVIRONMENTAL HEALTH DIVISION
FOOD SAFETY EVALUATION REPORT
270 County Hospital Rd., Ste 127 Quincy, CA 95971
Phone: (530) 283-6355 FAX (530) 283-6241

Facility Name: Antelope Lake Store
Facility Site Address: Antelope Lake
City: Taylorsville Zip:
Permit #: 18-136043 Exp Date: 7/1/16 Permit Holder: Adam Damon

Date of Inspection: 9/20/16

See reverse side for the code sections and general requirements that correspond to each violation listed below

<table>
<thead>
<tr>
<th>In</th>
<th>N/A</th>
<th>N/O</th>
<th>MAJ</th>
<th>COS</th>
<th>OUT</th>
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</thead>
<tbody>
<tr>
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</table>

**DEMONSTRATION OF KNOWLEDGE**
1. Demonstration of knowledge; food safety certification

**EMPLOYEE HEALTH & HYGIENIC PRACTICES**
2. Communicable disease; reporting, restrictions & exclusions
3. No discharge from eyes, nose, mouth
4. Proper eating, tasting, drinking or tobacco use

PREVENTING CONTAMINATION BY HANDS
5. Hands clean and properly washed; gloves used properly
6. Adequate handwashing facilities supplied & accessible

**TIME AND TEMPERATURE RELATIONSHIPS**
7. Proper hot and cold holding temperatures
8. Time as a public health control; procedures & records
9. Proper cooling methods
10. Proper cooking time & temperatures
11. Proper reheating procedures for hot holding

**PROTECTION FROM CONTAMINATION**
12. Returned and re-service of food
13. Food in good condition, safe and unadulterated
14. Food contact surfaces: clean and sanitized

**SUPERVISION**
24. Person in charge present and performs duties

**PERSONAL CLEANLINESS**
25. Personal cleanliness and hair restraints

**GENERAL FOOD SAFETY REQUIREMENTS**
26. Approved thawing methods used, frozen food
27. Food separated and protected
28. Washing fruits & vegetables
29. Toxic substances properly identified, stored, used

**FOOD STORAGE/ DISPLAY/ SERVICE**
30. Food storage; food storage containers identified
31. Consumer self-service
32. Food properly labeled & honestly presented

**EQUIPMENT/ UTENSILS/ LINENS**
33. Nonfood contact surfaces clean
34. Warewashing facilities: installed, maintained, used; test strips
35. Equipment/ Utensils approved, installed; clean; good repair; capacity
36. Equipment, utensils and linens: storage and use
37. Vending machines
38. Adequate ventilation and lighting; designated areas, use

**FOOD FROM APPROVED SOURCES**
15. Food obtained from approved source
16. Compliance with shell stock tags, condition, display
17. Compliance with Gulf Oyster Regulations

CONFORMANCE WITH APPROVED PROCEDURES
18. Compliance with variance, specialized process, reduced oxygen packaging, & HACCP Plan

**CONSUMER ADVISORY**
19. Consumer advisory provided for raw or undercooked foods

**HIGHLY SUSCEPTIBLE POPULATIONS**
20. Licensed health care facilities/ public & private schools; prohibited foods not offered

WATER/HOT WATER
21. Hot and cold water available

**LIQUID WASTE DISPOSAL**
22. Sewage and wastewater properly disposed

**VERMIN**
23. No rodents, insects, birds or animals

**39. Thermometers provided and accurate**
40. Wiping cloths: properly used and stored

**PHYSICAL FACILITIES**
41. Plumbing; proper backflow devices
42. Garbage and refuse properly disposed; facilities maintained
43. Toilet facilities: properly constructed, supplied, cleaned
44. Premises; personal cleaning items; vermin proofing
PERMANENT FOOD FACILITIES
45. Floor, walls, ceilings: built, maintained, and clean
46. No unapproved private homes/ living or sleeping quarters

**SIGNS REQUIREMENTS**
47. Signs posted; last inspection report available

**COMPLIANCE & ENFORCEMENT**
48. Plan Review
49. Permit Available
50. Impoundment
51. Permit Suspension

Received by (Print) Henry Vining
Received by (Signature) Rob Rabinette
Specialist (Print) Rob Rabinette
Specialist (Signature) Rob Rabinette
Re-inspection Date: 3/26/12
TO: Department of Alcoholic Beverage Control  
1900 CHURN CREEK RD  
STE 215  
REDDING, CA  96002  
(530) 224-4830 

DISTRICT SERVING LOCATION: REDDING 

First Owner: ROYAL ELK PARK MANAGEMENT INC 

Name of Business: 

Location of Business: 

County: PLUMAS 

Is Premise inside city limits? Yes 

Mailing Address: 292 SUMMERSET DR  
HOLLISTER, CA  95023-9158 

Type of license(s): 20 

Transferor's license/name: 

Dropping Partner: Yes  

<table>
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<th>License Type</th>
<th>Transaction Type</th>
<th>Fee Type</th>
<th>Master</th>
<th>Dup</th>
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<td>ANNUAL FEE</td>
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Have you ever been convicted of a felony? No 

Have you ever violated any provisions of the Alcoholic Beverage Control Act, or regulations of the Department pertaining to the Act? No 

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application. 

Applicant agrees (a) that any manager employed in an on-sale licensed premises will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act. 

STATE OF CALIFORNIA  
County of PLUMAS  
Date: March 22, 2016 

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferee or to defraud or injure any creditor or transferee; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Effective July 1, 2012, Revenue and Taxation Code Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)

Applicant Name(s) 

Applicant Signature(s) 

ROYAL ELK PARK MANAGEMENT INC 

See 211 Signature Page