

SHARED FACILITY AGREEMENT

SUBMIT COMPLETED AGREEMENT AND APPLICATION TO THE APPROPRIATE REGIONAL OFFICE

A shared facility is one in which one or more food businesses with different owners are using the same physical food facility but at different times of operation. Each food business owner using this kitchen must have their own license or registration.

TYPE OF FACILITY/BUSINESS USING THE SHARED KITCHEN:

- | | | |
|---|---|---|
| <input type="checkbox"/> Retailer | <input type="checkbox"/> Catering (Retail) | <input type="checkbox"/> Processor/Manufacturer |
| <input type="checkbox"/> Limited Food Establishment | <input type="checkbox"/> Wholesaler/Distributor/Storage | |

NAME OF FACILITY (BUSINESS) (Common Public Name):

LEGAL OWNER:

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Owner Name	Owner phone number	Owner e-mail address

TO BE COMPLETED BY SHARED FACILITY OWNER/OPERATOR

FACILITY NAME: _____

FACILITY ADDRESS:

_____ Facility street number and name	_____ City	_____ State	_____ Zip code
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FACILITY OWNER:

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Owner Name	Owner phone number	Owner e-mail address

RETAIL FOOD FACILITY LICENSE ISSUED BY: _____
Name of Jurisdiction

LICENSE #: _____ **(ATTACH COPY OF LICENSE ISSUED BY REGULATORY AGENCY)**

This facility will be providing the following services to the above-mentioned business owner/operator on a:

- Daily basis Weekly basis Other, Explain: _____

The other owner listed above will be using:

- Entire Facility will be used
- Only the following will be used (Check ALL that apply):
- | | |
|---|--|
| <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Food Preparation Area including equipment |
| <input type="checkbox"/> Approved Waste Water Disposal | <input type="checkbox"/> Food Storage Area |
| <input type="checkbox"/> Equipment/Utensil Warewashing Area | <input type="checkbox"/> Equipment and Utensil Storage Area |
| <input type="checkbox"/> Use of Refrigeration/Freezers | <input type="checkbox"/> Employee Restrooms |
| <input type="checkbox"/> Handwashing Sinks | <input type="checkbox"/> Other: _____ |

I give permission to the above listed Facility Operator to use my facility located at the above address.

SIGNATURE: _____

TITLE: _____

DATE: _____