

Permit for Shared Kitchen Use – Application

[Annual Permit]

Section 1: Type of Business/Operation

- Shared Kitchen Use [1612]
- Shared Kitchen Use with Food Sold and/or Served at Shared Kitchen [1611]
- Name Change for Operator’s DBA
- Change in Operator’s Legal Status (e.g., change in partner or new Corp/LLC)
- Change in Shared Kitchen Facility

For Department Use Only

Owner: **OW** _____

Facility: **FA** _____

Program: **PR** _____

Program/Element: **PE** _____

Billing Status:

(01) Active

(04) Active-Exempt

Permit Effective Date: _____

Reviewed By: _____

Section 2: Operator Information

Owner(s): Last _____ First _____

Last _____ First _____

Care of: _____

Business Name (DBA): _____

Street Address/PO Box: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Fax: (____) _____ E-mail: _____

Corporation Limited Liability Company (LLC) Sole Owner Partnership Local Agency County State

Name of Corporation or LLC: _____

Section 3: Shared Kitchen Information

Shared Kitchen Name (DBA): _____

Shared Kitchen Address: _____ Unit #: _____

City: _____ State: CA Zip: _____ Primary Phone: (____) _____ Fax: (____) _____

E-mail: _____

Shared Kitchen’s Health Permit # or PFR: _____

Section 4: Authorization/Signature for Shared Kitchen Use

Operators who prepare their food in a Shared Kitchen must provide authorization from the permitted Shared Kitchen facility owner. Signatures from both entities are required prior to issuance of the permit or change of facility. **Furthermore, in accordance with the requirements of State Law, the signatures above attest to the fact that both entities do hereby agree to comply with all regulations pertaining to the approved use of a shared kitchen.**

Operator/Owner Name: _____ Shared Kitchen Owner Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Section 5: Veteran's Status/Certification

Are you eligible for a veteran's fee exemption? Yes No

If yes, attach an [Affidavit For A Veteran's Fee Exemption For The Health Permit To Operate A Food Business](#)*

Section 6: Operator Terms/Signature

The undersigned hereby certifies all of the information provided on this application is true and accurate and agrees to notify Environmental Health Services of any changes that occur including the type of business activity, name, business location, menu, equipment, billing address, ownership and/or closure.

The undersigned further agrees and understands that any structural alterations, including but not limited to equipment changes or additions, change of menu or quantity of food, or any other operational changes after opening, must also be approved by Environmental Health Services in writing and may be subject to a plan review process which may include plan submittal requirements and/or fees.

Signature(s) must be an Owner, Partner or Corporate Officer (Corporation and Limited Liability Companies). A manually signed copy of this application delivered by facsimile, email, or other electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this application.

Submission of an application is not a permit to operate until additional steps are completed and authorization is given for a food facility to process and distribute food products; for example, plan check, consultation and or other departmental approvals may be required.

NOTE: A copy of the current menu MUST be submitted with this application.

Print Name #1 _____ Title: _____

Signature: _____ Date: _____

Print Name #2 _____ Title: _____

Signature: _____ Date: _____

HEALTH PERMIT	For Department Use Only		
Fee paid \$ _____	Date _____	Check/CC # _____	Cash <input type="checkbox"/> Receipt # _____
P/E: _____	By: _____	Comments: _____	
ROUTE to (initial & date): <input type="checkbox"/> Specialist _____ <input type="checkbox"/> Supv _____ <input type="checkbox"/> AOP _____			
Acct.: Invoice # _____	Date _____	Amount Billed \$ _____	Initial: _____