

## Shared Kitchen Use Permit Application Form

<b>Department Use Only</b>
Record ID: _____

**Permit Type** (choose one)

- Shared Kitchen Use [1612] **Permit Fee: \$391**
- Shared Kitchen Use with Food Sold/Served at the Shared Kitchen [1611] **Permit Fee: \$391**
- Change in Shared Kitchen Facility **Fee may apply, see EHS staff**

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

**Business Name**

*Please complete all sections*

Your Business Name/ DBA: \_\_\_\_\_

**Shared Kitchen Information** (physical address of the shared kitchen)

Address: \_\_\_\_\_

Unit/Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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, the signatures below attest to the fact that both entities do hereby agree to comply with all regulations in the California Retail Food Code.**

Operator/Owner Name: \_\_\_\_\_ Shared Kitchen Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Accounts Payable Information** (All invoices will be mailed to the operator this address)

First Name: \_\_\_\_\_ Middle (optional): \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Business Owner Information (Shared Kitchen User/Operator)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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\\*](#).

**Additional Information for the Shared Kitchen Facility**

What is the Name of the Shared Kitchen (DBA): \_\_\_\_\_

What is the Email for the Shared Kitchen: \_\_\_\_\_

What is the Sewer disposal system at the Shared Kitchen? What is the Water source at the Shared Kitchen?

City Sewer System

Onsite Wastewater Treatment (septic)

Unknown

Public

Private

Unknown

**Section 6: 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.***

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Departmental Use Only</b>							
	<b>Amount Paid</b>	<b>Date</b>	<b>Cash</b>	<b>Check #</b>	<b>Credit Card #</b>	<b>Receipt #</b>	<b>Received by:</b>
<b>Permit</b>			<input type="checkbox"/>				
<b>Approvals</b>	AOP: _____		Specialist: _____		Supervisor: _____		
<b>Comments</b>							