



## PRODUCTION KITCHEN/APPROVED FACILITY AGREEMENT

### 1. TO BE COMPLETED BY APPLICANT

Type of Facility:  Temporary Food Facility     Non-Ag Vendor     Caterer     Other

Owner Name:

Name of Business:

Owner Address:

City:

State:

ZIP:

Cell Phone:

Alternate Phone:

Email:

- *I, the above-mentioned owner/operator, will operate out of the Production Kitchen/approved facility noted below.*
  - *I will notify Contra Costa County Environmental Health, by written document, of any change in the status of my operation or when the Production Kitchen is contract is terminated.*
  - *I hereby state that the above information is current, true and correct to the best of my knowledge and agree to use the Production Kitchen/approved facility in accordance with the California Health and Safety Code.*
- This agreement will expire at the end of each permit year and must be submitted annually.***

**Signature:**

**Print Name:**

**Date:**

### 2. TO BE COMPLETED BY COMMISSARY/APPROVED FACILITY OWNER OR OPERATOR

Type of Facility:     Production Kitchen     Commissary     Restaurant     Other

Name of Production Kitchen/Approved Facility:

Facility Address:

City:

State:

ZIP:

Owner Name:

Phone:

Email:

*I agree to provide to the above mentioned applicant the following: (check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Hand washing facilities       | <input type="checkbox"/> Garbage and refuse disposal           |
| <input type="checkbox"/> Food preparation area         | <input type="checkbox"/> Dry food/equipment storage            |
| <input type="checkbox"/> Food preparation sink         | <input type="checkbox"/> Chemical storage                      |
| <input type="checkbox"/> 3-Compartment warewash sink   | <input type="checkbox"/> Restroom with hand washing facilities |
| <input type="checkbox"/> Refrigeration/Freezer storage | <input type="checkbox"/> Potable water                         |

- *I hereby declare that I hold a valid Environmental Health Permit to operate a Production Kitchen/Approved Facility. (Include a copy of a valid health permit)*
- *I hereby declare and certify that the business named in section 1 is operating out of the above Production Kitchen/approved facility.*
- *I will notify Contra Costa County Environmental Health Division by written document of any change in the status of my operation, my environmental health permit, or when this Production Kitchen/Approved Facility agreement is terminated.*

**Signature of Production Kitchen Owner/Manager:**

**Print Name:**

**Date:**

### 3. OUT OF COUNTY PRODUCTION KITCHEN/APPROVED FACILITY

Food Establishment is permitted in \_\_\_\_\_ County.

Enclose a copy of valid Environmental Health (EH) Permit and obtain a signature from an authorized EH inspector from that county. The above checked (see section 2) requirements are available at the proposed Production Kitchen/approved facility.

**Signature:**

**Print Name:**

**Phone:**

**Date:**

## FOR OFFICE USE ONLY

FA#:

PR#:

PE:

Received By:

Date Received:

REHS:

Date: