



SUPPORT KITCHEN USE AGREEMENT

A Support Kitchen is a food establishment that has a valid permit from the Department of Health. It provides facilities or services in "support" of another food establishment.

NAME OF SUPPORT KITCHEN	PERMIT NO.																					
SUPPORT KITCHEN LOCATION ADDRESS	PHONE NO.																					
OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other)																						
Support Kitchen use Authorized by:																						
_____	_____																					
Signature of Owner/Agent of Authority	Date																					
_____	_____																					
Print Name	Title																					
Operations conducted in the Support Kitchen:																						
_____ Cold Storage																						
_____ Dry Storage																						
_____ Food preparation (preparation, cutting, cooling, reheating, etc.)																						
_____ Cleaning/Sanitizing of equipment and utensils																						
_____ Servicing water systems (filling and disposal)																						
_____ Other (list): _____																						
Days and Time of Usage:																						
DAYS: (Circle all that apply)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">SUN</td> <td style="text-align: center;">MON</td> <td style="text-align: center;">TUES</td> <td style="text-align: center;">WED</td> <td style="text-align: center;">THURS</td> <td style="text-align: center;">FRI</td> <td style="text-align: center;">SAT</td> </tr> <tr> <td style="text-align: center;">From: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">HOURS:</td> <td style="text-align: center;">To: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	SUN	MON	TUES	WED	THURS	FRI	SAT	From: _____	_____	_____	_____	_____	_____	_____	HOURS:	To: _____	_____	_____	_____	_____	_____
SUN	MON	TUES	WED	THURS	FRI	SAT																
From: _____	_____	_____	_____	_____	_____	_____																
HOURS:	To: _____	_____	_____	_____	_____	_____																

FOOD ESTABLISHMENT USING THE ABOVE SUPPORT KITCHEN

NAME OF FOOD ESTABLISHMENT	PERMIT NO.
OWNER NAME (Corp., LLC, Partnership, Sole Owner, Other)	PHONE NO.

Signature of Owner/Agent of Authority	Date

Print Name	Title
_____ (initial) I understand that I cannot continue operation of my food establishment if the Support Kitchen, mentioned above, no longer holds a valid permit.	
_____ (initial) I understand that if I no longer have access to the Support Kitchen, mentioned above, I cannot continue my food establishment operation.	