

SHARED FOOD FACILITY AGREEMENT

Your Business Information	
Business name:	Date:
Contact name:	Phone:
Email:	Food Operator Information (select all that apply): <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Transient off-site preparation <input type="checkbox"/> Caterer <input type="checkbox"/> Other _____

Food Operator Hours of Use at Kitchen							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End time							

Do you plan to access the permanent kitchen facility outside of their normal business hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify how access will be provided:
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Permanent Food Facility Information (such as facility owner or commissary manager)							
Facility name:				Date:			
Address:				City:			
Contact name:				Phone:			
Email:							
Business Hours							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time							
End time							

Equipment Overview

What equipment/utensils/sinks at the permanent food facility do you plan to use:

- | | | |
|---------------------------------------------|---------------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Handwashing sink | <input type="checkbox"/> Ice machine | <input type="checkbox"/> Restroom(s) |
| <input type="checkbox"/> Food prep sinks | <input type="checkbox"/> Mop sink | <input type="checkbox"/> Prep tables |
| <input type="checkbox"/> Dish-washing sinks | <input type="checkbox"/> Refrigeration (specify units): _____ | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Dish machine | <input type="checkbox"/> Cooking Equipment (specify): | |
| <input type="checkbox"/> Freezer space | | |

Will you be bringing in any of your own equipment?

- No Yes (specify):

Food Storage and Preparation

Identify amount of shelving needed (include adequate space needed to eliminate potential contamination from raw food and chemicals):

- Refrigerated Storage: _____
- Frozen Storage: _____
- Dry Storage: _____

Food Production: Describe with as much detail as possible. Use Not Applicable (N/A) as appropriate.

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION & EQUIPMENT
Washing Produce		
Thawing		
Slicing, Chopping, Assembly		
Cooking		
Hot Holding		
Cooling		
Reheating		
Food Transportation (Identify how food will be protected from contamination and maintained hot/cold)		

Conditions of Approval

- All food and food related items used in the course of the food operator’s business (utensils, mixing bowls, pots, pans, etc.), must at all times be stored within the approved facility.
- The food operator is responsible for ensuring there is enough storage space for ingredients, processed products, equipment, cleaning products, etc.
- The food operator is responsible for correcting health code violations on their own equipment as well as shared equipment and facilities that are required for their operation (such as dish machines, refrigeration units, hand-wash facilities, preparation sinks and restrooms).
- Public Health Madison & Dane County (Public Health) staff may conduct inspections and investigate consumer complaints associated with each food license held at the permanent food facility location as necessary.
- During an inspection, any violations observed in common-use areas may be issued to all licensed food facilities in operation at the time of the inspection.
- If significant or major violations are noted, Public Health has the right to suspend the health license of the food operator and/or permanent food facility, as applicable.
- The food operator must immediately cease all operations in the event that the permanent food facility’s license is suspended or if an imminent health hazard exists that includes, but is not limited to: the lack of hot water, a sewage system backup, improper/broken refrigeration, a pest infestation, etc.
- The permanent food facility or food operator must notify Public Health upon severance of this agreement. This agreement is non-transferable. If at any time there is a change in the business or a modification to this agreement, contact Public Health at LEadmin@publichealthmdc.com or (608) 242-6515.

This agreement must be signed by the Permanent Food Facility and the Food Operator as part of the license review process.

Food Operator	
<input type="checkbox"/> I agree to use the above listed permanent food facility for the storage of food/equipment and for the preparation of food related to my business. I understand that if I no longer prepare food at this facility or if the permanent food facility changes ownership/licensure, I must obtain another agreement or discontinue food preparation.	
Operator Name:	
Signature:	Date:
Permanent Food Facility	
<input type="checkbox"/> The food operator listed above has my permission to prepare food and store food/equipment from my facility on the days and time(s) listed above.	
Operator Name:	
Signature:	Date:
Office Use Only	
Sanitarian Approval:	Date:
Permanent Facility License # (if applicable):	