SHARED FACILITY AGREEMENT

A shared facility is one in which one or more food businesses with different owners are using the same physical food facility but at different times of operation. Each food business owner using this kitchen must have their own license or registration.

SUBMIT COMPLETED AGREEMENT AND DOCUMENTS TO YOUR REGIONAL OFFICE

TYPE or PRINT IN INK. Leave NO BLANK SPACES.

TYPE OF FACILITY/BUSINESS USING THE SHARED KITCHEN:

☐ Limited Food Establishment ☐ Retailer ☐ Catering (retail)
☐ Wholesaler/Distributor/Storage ☐ Processor/Manufacturer

FACILITY (Business) NAME: __________________________
OWNER(S) NAME: __________________________ PHONE NO: ____________

TO BE COMPLETED BY SHARED FACILITY OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a: ☐ DAILY BASIS ☐ WEEKLY BASIS ☐ OTHER, EXPLAIN:

____________________________________________________________________________

The other owner listed above will be using:

☐ Entire Facility will be used OR
Check any that apply:
☐ Approved Potable Water Source ☐ Food Preparation Area, including equipment
☐ Approved Waste Water Disposal ☐ Food Storage Area
☐ Equipment/Utensil Warewashing Area ☐ Equipment and Utensil Storage Area
☐ Use of Refrigeration/Freezers ☐ Employee Restrooms
☐ Handwashing sinks
☐ Other: __________________________

SHARED FACILITY INFORMATION

FACILITY NAME: ______________________________________________________________
FACILITY OWNER/MANAGER: __________________________________________________
FACILITY ADDRESS: __________________________________________________________
CITY/STATE: ___________________________ ZIP: ___________________________
PHONE NUMBER: ___________________________ FAX NUMBER: ____________________

EMAIL ADDRESS: ____________________________________________________________

FOOD FACILITY LICENSE ISSUED BY: ____________________________ (jurisdiction issuing license)
LICENSE #: _____________________________ (ATTACH COPY OF LICENSE ISSUED BY REGULATORY AGENCY)

I give permission to the above listed Facility Operator to use my facility located at the above address.

SIGNATURE: ___________________________ TITLE: __________________________ DATE: ______
Pa Department of Agriculture- Bureau of Food Safety
05.2016