



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Operating Procedures

- a. Please check any of the following specialized processes or reduced oxygen packaging that will be utilized. Attach a copy of California Department of Public Health approval letter(s) if applicable.

<input type="checkbox"/> vacuum packaging	<input type="checkbox"/> sous vide	<input type="checkbox"/> cook chill
<input type="checkbox"/> canning	<input type="checkbox"/> bottling	<input type="checkbox"/> jarring
<input type="checkbox"/> acidification (pickling)	<input type="checkbox"/> smoking	<input type="checkbox"/> curing
<input type="checkbox"/> other (please specify):		

- b. You will be required to have a labeled designated storage area and/or refrigeration. Describe your storage space (include linear feet).

- c. Where will your food items be sold? A log sheet indicating all events must be maintained.

- d. Describe the type of food transport vehicle, transport cold holding and hot holding units utilized.

- e. If participating in community events, what additional type of cooking appliances will you require at the event?

- f. If participating in community events, where will you store the additional cooking appliances, cold holding units, hot holding units?



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

Applicant Statement

I agree to abide by this agreement and all health and safety codes to protect the health and safety of the public and my patrons. Any change to the operation, menu or the equipment will require prior approval by this Department.

Applicant Signature: _____ Date: _____

Print Name: _____ Driver's License #: _____

Owner Statement

As owner of the Shared Kitchen or his/her designated representative, I agree to allow the applicant to use the health regulated business indicated for the purpose of preparing and storing food, the cleaning and storing of utensils and equipment. Any change to the operation, menu or the equipment will require prior approval by this Department.

Signature: _____ Date: _____

Printed Name: _____ Driver's License #: _____

The enforcement agency shall review and approve this informational packet prior to implementation and a copy shall be kept at the shared kitchen. The enforcement agency is familiar with the shared kitchen and has verified that it meets the standards for space, storage and operation.

Approved by: _____ Date: _____

EHS Signature

*If you have question, please do not hesitate to contact your nearest Environmental Health office.
Offices located in: Blythe, Corona, Hemet, Indio, Murrieta, Palm Springs and Riverside
1(888) 722-4234*

OFFICE USE ONLY
<input type="checkbox"/> APPROVED
<input type="checkbox"/> NOT APPROVED / REASON:
ENVIRONMENTAL HEALTH SPECIALIST NOTES:



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

STEVE VAN STOCKUM, DIRECTOR

KITCHEN AGREEMENT LETTER

Name of Food Vending Business: _____

Owner: _____ CDL: _____ DOB: _____

Home Address: _____

Business Phone: _____ Cell Phone: _____

E-mail Address: _____

Place that Vending Operation will occur: _____

This section is to be completed by the owner/operator of the Riverside County permitted facility, which will be used by the above named individual to prepare foods. **This agreement is not valid until approved and signed by an authorized representative of Riverside County Environmental Health. This department reserves the authority to revoke this agreement for cause at any time.**

Name of Food Facility: _____

Environmental Health Permit #: _____

Address of Facility: _____

Business Phone#: _____

Business Hours: _____

Day(s) of the week when vendor will be using your kitchen: _____

Time of day the vendor will be using your kitchen: _____

The above named vendor has my permission to use my health regulated business as stated above for the purpose of storing and preparing food and for cleaning and storing utensils and equipment. I agree to provide a dedicated and clearly labeled storage space for the vendor to store his/her food and utensils until such time as they are transported directly to the vending site.

I understand this agreement is between myself and Mr/Ms. _____, and that I shall notify the Department of Environmental Health, within 10 days of severance of this agreement, or when the above named individual has not used my kitchen for a period of 30 days. I also understand that any falsification or misrepresentation pursuant to this agreement may subject me to citation or legal action.

I declare the information above to be accurate and correct.

Signature

Date

As an authorized representative of the department, I am familiar with the above facility and have verified that it meets standards for space, storage and operation. I have also verified that the permit to operate is current and that this is a food facility in good standing with this department at this time.

Signature of Environmental Health Specialist

Date



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**District Environmental Services
Catering Kitchen Agreement Letter**

Name of Catering Business: _____

Owner: _____ CDL: _____ DOB: _____

Home Address: _____

Business Phone: _____ Cell Phone: _____ Email: _____

This section is to be completed by the *owner/operator of the currently permitted food facility* that will be used by the above named individual to prepare foods. **This agreement must be updated and submitted to the Riverside County Department of Environmental Health annually along with the corresponding permit fees.**

Name of Food Facility: _____

Name of Owner/Operator (Print): _____

Environmental Health Permit PR#: _____

Address of Facility: _____

Business Phone: _____

Business Hours: _____ Email: _____

Day(s) of the week when the caterer will be using your kitchen: _____

Time(s) of day the caterer will be using your kitchen: _____

The above named caterer has my permission to use my currently permitted food facility as stated above for the purpose of storing and preparing food and for cleaning and storing utensils and equipment. I agree to provide a dedicated and clearly labeled storage space for the caterer to store his/her food and utensils/equipment.

I understand this agreement is between me and the caterer, _____, and that I shall notify the Riverside County Department of Environmental Health, within 10 days of severance of this agreement, or when the above named individual has not used my kitchen for a period of 30 days. I also understand that any falsification or misrepresentation pursuant to this agreement may subject me to citation or other legal action.

I understand this agreement and declare the information above to be accurate and correct.

Owner Signature

Date

Caterer Signature

Date

NOTE: This agreement is not valid until it is approved and signed by an authorized representative of the Riverside County Department of Environmental Health. This department reserves the authority to revoke this agreement for cause at any time.

As an authorized representative of the Riverside County Department of Environmental Health, I am familiar with the above facility and have verified that it meets requirements for space, storage and operation for both the existing business and the proposed sublet. I have also verified that the facility's permit to operate is current and that the facility is in good standing with this department and may be used as an Approved Catering Kitchen.

Signature of Environmental Health Specialist

Print Name

Date