



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

**District Environmental Services
KITCHEN AGREEMENT LETTER**

Vendor DBA: _____

Owner: _____ CDL: _____ DOB: _____

Mailing Address: _____

Business Phone: _____ Cell Phone: _____ Email: _____

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

Name of Food Facility: _____ Environmental Health Permit #: _____

Name of Owner/Operator: _____

Address of Facility: _____

Business Phone: _____ Business Hours: _____

Email: _____

Day(s)/time(s) when the vendor will be using your kitchen: _____

The above named vendor has my permission to use my 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, clearly labeled storage space for the caterer/vendor to store his/her food and utensils/equipment.

I understand this agreement is between myself and the vendor and that I shall notify Riverside County Department of Environmental Health upon severance of this agreement. Additionally, any change to the operation, menu, or equipment will require prior approval by this department. 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. I will maintain a copy of this Kitchen Agreement Letter at my permitted food facility.

Owner Signature

Date

Vendor 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.

Signature of Environmental Health Specialist

Print Name

Date