



County of Riverside
DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

District Environmental Services
KITCHEN INCUBATOR (SHARED KITCHEN) AGREEMENT PACKET

A shared kitchen, also known as a kitchen incubator or culinary incubator, is a business dedicated to startup catering, retail and wholesale food businesses. This information packet is for individuals who will be using a permitted shared kitchen, designed for multiple users and not a retail restaurant.

Please note any change in menu or operation will require approval by this Department. Complete the following form about your business. This form may be used in conjunction with the catering agreement letter or kitchen agreement letter depending on the operation. All responses should be clear, detailed, specific and accurate.

Business/Owner Information

NAME OF OWNER			CONTACT PHONE NUMBER	
DBA			EMAIL	
DRIVER'S LICENSE #	STATE	DOB	MAILING ADDRESS	
NUMBER OF EMPLOYEES/HELPERS				
TYPE OF BUSINESS:				
<input type="checkbox"/> Caterer <input type="checkbox"/> Community Event Vendor (Temporary Food Facility or TFF) <input type="checkbox"/> Retail Vendor <input type="checkbox"/> Wholesale Vendor				

Shared Kitchen Information

NAME	
ADDRESS	
HOURS OF OPERATION	PR#
PLEASE ATTACH ONE OF THE FOLLOWING:	
<input type="checkbox"/> Catering Agreement Letter <input type="checkbox"/> Kitchen Agreement Letter	

Menu

List the type of food item(s) or proposed menu item(s) you intend to prepare in the space provided below. Please note any change in menu or operation will require prior approval by this Department.	



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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?



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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

(888)722-4234 • RIVCOEH.ORG

District Environmental Services SHARED FACILITY AGREEMENT LETTER

Vendor DBA: _____

Owner: _____ CDL: _____ DOB: _____

Mailing Address: _____

Business Phone: _____ Cell Phone: _____ Email: _____

Vendor Type: Artisan Caterer Special Event Food Booth Mobile Food Facility

Facilities to be shared:

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> The whole facility | <input type="checkbox"/> Janitorial Sink | <input type="checkbox"/> Warewashing Sink | <input type="checkbox"/> Hand Sink | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Dry Food Storage | <input type="checkbox"/> MFF Storage | <input type="checkbox"/> Restrooms | <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Refuse |
| <input type="checkbox"/> Other (specify): _____ | | | | |

This section is to be **completed by the owner/operator of the food facility** that will be used by the above-named individual for their food operation. **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 facility as stated above for the purpose(s) indicated. I agree to provide a dedicated, clearly labeled storage space when indicated and required by Riverside County Department of Environmental Health to store their 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 Facility Agreement Letter at my 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