



# COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

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## 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