

APPROVED FOOD ESTABLISHMENT AGREEMENT

An “approved food establishment” possesses a valid Department of Health permit. It can serve as a support kitchen for another food establishment(s) (lunch wagon, cart, kiosk, meal serving site, etc.)

Name of Approved Food Establishment	Permit No.
Street Address	Phone No.
Owner Name (Corp., LLC, Partnership, Sole Owner, Other)	
Operations conducted in the Establishment <input type="checkbox"/> Cold Storage <input type="checkbox"/> Dry Storage <input type="checkbox"/> Food Preparation (preparation, cutting, cooling, reheating, etc.) <input type="checkbox"/> Cleaning/Sanitizing of equipment and utensils <input type="checkbox"/> Servicing water systems (filling and disposal) <input type="checkbox"/> Other (list): _____	
Days and Time of Usage:: Days: (circle all that apply) Sun Mon Tues Wed Thurs Fri Sat Hours: From: _____ To: _____	
Approved Food Establishment Use Authorized By: _____ Signature of Owner/Agent of Authority _____ Print Name _____ Date _____ Title	

FOOD ESTABLISHMENT USING THE ABOVE APPROVED FOOD ESTABLISHMENT

Name of Food Establishment	Permit No. (renewal only)
Owner Name (Corp., LLC, Partnership, Sole Owner, Other)	Phone No.
<div> <div>Signature of Owner/Agent of Authority</div> <div>Date</div> </div> <div> <div>Print Name</div> <div>Title</div> </div>	