



**CONTRA COSTA
ENVIRONMENTAL HEALTH DIVISION**
2120 DIAMOND BOULEVARD, SUITE 200
CONCORD, CA 94520
(925) 692-2500 (925) 692-2502 FAX
<http://cchealth.org/eh>



PRODUCTION KITCHEN/APPROVED FACILITY AGREEMENT

1. TO BE COMPLETED BY APPLICANT

Type of Facility: Temporary Food Facility Non-Ag Vendor Caterer Other

Owner Name: _____ Name of Business: _____

Owner Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: _____ Alternate Phone: _____ Email: _____

- *I, the above-mentioned owner/operator, will operate out of the Production Kitchen/approved facility noted below.*
 - *I will notify Contra Costa County Environmental Health, by written document, of any change in the status of my operation or when the Production Kitchen is contract is terminated.*
 - *I hereby state that the above information is current, true and correct to the best of my knowledge and agree to use the Production Kitchen/approved facility in accordance with the California Health and Safety Code.*
- This agreement will expire at the end of each permit year and must be submitted annually.***

Signature: _____ **Print Name:** _____ **Date:** _____

2. TO BE COMPLETED BY COMMISSARY/APPROVED FACILITY OWNER OR OPERATOR

Type of Facility: Production Kitchen Commissary Restaurant Other

Name of Production Kitchen/Approved Facility: _____

Facility Address: _____ City: _____ State: _____ ZIP: _____

Owner Name: _____ Phone: _____ Email: _____

I agree to provide to the above mentioned applicant the following: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hand washing facilities | <input type="checkbox"/> Garbage and refuse disposal |
| <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Dry food/equipment storage |
| <input type="checkbox"/> Food preparation sink | <input type="checkbox"/> Chemical storage |
| <input type="checkbox"/> 3-Compartment warewash sink | <input type="checkbox"/> Restroom with hand washing facilities |
| <input type="checkbox"/> Refrigeration/Freezer storage | <input type="checkbox"/> Potable water |

- *I hereby declare that I hold a valid Environmental Health Permit to operate a Production Kitchen/Approved Facility. (Include a copy of a valid health permit)*
- *I hereby declare and certify that the business named in section 1 is operating out of the above Production Kitchen/approved facility.*
- *I will notify Contra Costa County Environmental Health Division by written document of any change in the status of my operation, my environmental health permit, or when this Production Kitchen/Approved Facility agreement is terminated.*

Signature of Production Kitchen Owner/Manager: _____ **Print Name:** _____ **Date:** _____

3. OUT OF COUNTY PRODUCTION KITCHEN/APPROVED FACILITY

Food Establishment is permitted in _____ County.
Enclose a copy of valid Environmental Health (EH) Permit and obtain a signature from an authorized EH inspector from that county.
The above checked (see section 2) requirements are available at the proposed Production Kitchen/approved facility.

Signature: _____ **Print Name:** _____ **Phone:** _____ **Date:** _____

FOR OFFICE USE ONLY

FA#:	PR#:	PE:	Received By:	Date Received:
REHS:	Date:			