CITY OF LONG BEACH
DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF ENVIRONMENTAL HEALTH - FOOD SAFETY PROGRAM
2525 Grand Avenue, Room 220, Long Beach, CA 90815 Phone 562-570-4132 Fax 562-570-4038
www.longbeach.gov/eh

SHARED FOOD FACILITY TENANT APPLICATION

To initiate the review of your request to operate a food business at an existing commercial kitchen, please complete and submit this form, along with the following applicable documents to **Development Services**. This document will help you prepare the required written description of your proposed shared kitchen equipment and standard operating procedure. All required documents will be reviewed by a Registered Environmental Health Specialist. A field inspection, will be required at the proposed shared kitchen facility, including the tenants designated area. A signed and **APPROVED** copy of this document must be maintained with your shared kitchen operation during all operating hours. Please note that any changes to the menu, equipment, or procedures listed on your approved form will require another review and written approval by Environmental Health.

Documents to Include

✓	**Check the following items as you include them with this document.**
	Complete and submit the application. Ensure that all information is eligible.
☐	**Site Plan-** Submit plans and this Shared Food Facility Application to Development Services (review plan check guide). **The Health Department will review within 20 days of being assigned to Environmental Health. A final inspection will occur after plan approval.**
☐	**Business License –** Please provide business license.
☐	**Shared Food Facility Agreement -** Must include length of contract period. EH must be notified, in writing, within 10 days of termination of contract.
☐	**Contact Information –** Please include tenants contact information.
☐	**Hours of Operation –** Please include the tenant's hours of operation at the shared kitchen.
☐	**Menu-** Include any menus. List all food and beverages items to be served or sold. (Refer to page 2 & 4)
☐	**Food Manager Certificate-** Provide proof that an owner or employee has a valid Food Manager certificate and employees have a valid Food Handler card.
☐	**CA Processed Food Registration (if required)**
☐	In addition, Caterers must complete the Catering Standard Operating Procedures form.

Click here for current shared food facility tenant fees.

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SHARED KITCHEN TENANT INFORMATION			
Name of Business (DBA):			
Owner's Address:	**City:**	**State:**	**ZIP:**
Email:		**Phone Number:**	

SHARED KITCHEN OPERATOR INFORMATION		
Facility Name:	**Facility Address:**	**Health Permit Number**

SHARED KITCHEN TENANT OPERATION		
Identify day(s)/times when food production will occur: ☐ **Sun:**_____ ☐ **Mon:**_____ ☐ **Tues:**_____ ☐ **Wed:**_____ ☐ **Thurs:**_____ ☐ **Fri:**_____ ☐ **Sat:**_____	**Type of Business** ☐ Retail Only ☐ Wholesale Only ☐ Mixed	**Where/How will food products be served or sold?** ☐ Catered Event (Catering SOPs must be submitted) ☐Community Event/Farmer's Market (A temporary food facility permit will also need to be obtained) ☐Internet (web address): _____ ☐ Retail stores ☐ Other: _____

Type of Food Preparation (check all that apply)

□ **Risk Category Type 1**

Prepare/package only non-potentially hazardous foods (PHF[t])

□ **Risk Category Type 2**

Involves the preparation of PHF limited to same-day service only; prepared foods that are not sold or served the same day are discarded

□ **Risk Category Type 3**

Involves the preparation of PHF and the PHF travels through the temperature danger zone (41-135°F) more than once

[t]*PHF are foods that require temperature control to limit bacterial growth or toxin formation.*

DEFINITIONS

1. **Shared Kitchen Operator** is defined as the owner/operator of an incubator kitchen or a permitted commercial food facility who rents/leases kitchen space to a dependent food operator that has been approved to accommodate the proposed food operations of the shared kitchen tenant.
2. **Shared Kitchen Tenant** is defined as the operator who rents or leases space from either a retail or wholesale permitted kitchen for the purposes of preparing food that will be sold within the retail or wholesale marketplace with no public facing storefront at the primary permittee location. The shared kitchen tenant is required to obtain a health permit that allows them to conduct specific food production activities at the permitted shared kitchen.

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EQUIPMENT OVERVIEW
1.Do you use any equipment that is currently not available in the food facility? □ Yes □ No If yes, identify the type of equipment (attach Equipment Specification Sheet): _____ If yes, where is equipment stored? _____
2. What equipment/utensils* at the kitchen do you plan to use: □Cooking equipment □ Prep tables □ Handwashing sinks □ Food prep sink □ Mixers □ Refrigerator □ Freezer □Other: _____ **3. Multi-use utensils and equipment will be cleaned and sanitized using what methods:** □Three-compartment sink □Dishwasher □Clean-in-place protocols ***Equipment/Utensils – must be ANSI approved or equivalent AND stored within the approved food facility.***
DELIVERY/STORAGE
FOOD DELIVERY: (All food ingredients must be obtained from an approved source Invoices/receipts must be available for inspection upon request) **1. How often will refrigerated/frozen foods be delivered? □ Daily □ Weekly □ Other: _____** **2. How often will dry foods or supplies be delivered? □ Daily □ Weekly □Other: _____**
FOOD STORAGE: Identify amount of shelving utilized (label with the name of your business): **Ingredients: Dry Storage_____sq. ft.; Refrigerated Storage (41°F)_____sq. ft.; Frozen Storage _____sq. ft.** **Finished product: Dry Storage_____sq. ft.; Refrigerated Storage (41°F)_____sq. ft.; Frozen Storage _____sq. ft.** **Are you storing food (ingredients or finished product) at any place other than at the proposed facility? □ Yes □ No** **If yes, please indicate where: _____** ***Food must only be stored in an approved facility.**
FOOD PRODUCT/PROCESSING
1.What food products or types of food products do you plan to offer? If your products vary, then describe the business in terms of what products are generally made and who the clients tend to be (e.g., catered meals for private and public functions, lunches for private schools, etc.): ***Attach menu and/or product labels for review**
Indicate the location where you will store food and equipment at the end of the day. **Address:** _____
MENU DESCRIPTION
Indicate the types of food and beverage items for sale.
FOOD ITEM

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2. List ingredients and utensils that will be used for food production. If ingredients are refrigerated or frozen, please indicate that:

Equipment	Intended use during food preparation:

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3. Does your food processing include any of the following steps (check all that apply):
□Cooking □ Reheating □ Cooling □ Packaging □ Advanced Preparation

4. FOOD PACKAGING: Indicate the type of food packaging that will be utilized.
□Cook-chill packaging □ Controlled Atmosphere Packaging □ Vacuum Packaging □ Sous Vide □ Canning/bottling foods
□Other: _____

5. How will the final product be held/stored?

□ Refrigerated □ Hot Held □ Room Temperature

AKNOWLEDGEMENT

I understand and agree that if I make changes to my operating procedures, I must notify Environmental Health, in writing, within 10 days. Revised operating procedures may be provided by fax, in person or mailed to our office listed at the on this form. Failure to notify Environmental Health of any changes may result in a Notice of Violation, suspension, or revocation of the Health Permit issued to me to operate as a shared kitchen. Ensure approvals are obtained from all applicable agencies.

Authorized Signature:_____ Date: _____

☐

Office Use Only

APPROVED PERMIT # _____ DATE: _____

Print Name: _____Title: _____