

SHARED KITCHEN USER APPLICATION

Please check the license you are requesting.

Caterer: _____

Bakery: _____

Farmers Market Vendor: _____

1. Company Name: _____
2. Owner's Name: _____
3. Owner's Address: _____
4. Owner's Phone #: _____
5. Owner's E-mail: _____
6. Twitter handle: _____
7. Facebook: _____
8. Website: _____

The following documents must be turned in with your application:

- Contact information (this sheet)
- Completed questionnaire
- Copy of your extended menu (Menu you would show your customers)
- Copy of the Certified Food Handler – Food manager certificate. (if available)
- Completed Shared Kitchen Agreement (last form on this application)

Please submit this information to:
Marion County Public Health Department
Food & Consumer Safety
ATTN: Abigail McInturff
4701 N Keystone Ave, Suite 500
Indianapolis, IN 46205

You may also fax it to: 317-221-3070
Or e-mail to: AMcInturff@MarionHealth.org Questions: 317-221-2425

Food Handling Procedures

When completing this application, keep in mind the type of menu you are preparing. Place an 'n/a' (not applicable) for any questions which do not relate to your menu. Do not leave questions unanswered.

1. Food Handling Procedures

Explain the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- **How** the food will arrive (frozen, fresh, packaged, etc)
- **Where** the food will be stored (refrigerator, freezer, dry storage etc)
- **Where** the food will be washed, cut, marinated, breaded, cooked, etc. (prep table, sink, counter, etc.)
- **When** will food be handled/prepared (time of day and frequency/day etc)

READY-TO-EAT FOOD(e.g., salads, cold sandwiches, raw molluscan shellfish):

- How:
- Where:
- Where:
- When:

PRODUCE

- How:
- Where:
- Where:
- When:

POULTRY

- How:
- Where:
- Where:
- When:

MEAT

- How:
- Where:
- Where:
- When:

SEAFOOD

- How:
- Where:
- Where:
- When:



Specialized Processes

2. Indicate any specialized processes that will take place:

Curing

Acidification (sushi, etc.)

Smoking for preservation (beef jerky etc.)

Live Molluscan shellfish

Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, etc.)

Custom Processing

Sprouting

Other

Explain checked processes:

IMPORTANTProvide a HACCP plan for identified specialized processing methods. If a HACCP plan is not available or you are unable to provide us with a HACCP plan for any of the above checked specialized processes, you will need to revise your food preparation procedures to exclude any of the above checked specialized processes.

Thawing Potentially Hazardous Foods (PHFs)

3. Thawing Method(s): Check all that apply and indicate where thawing will take place. If your menu does not require thawing place n/a (not applicable)

Under Refrigeration:

Running Water less than 70Deg F. (21Deg C):

Microwave (as part of cooking process):

Cooked from frozen state:

Other (describe):

COOK AND SERVE

4. List all foods that will be cooked and served hot:

HOT HOLDING

5. List all foods that will be hot held prior to service:.

How will hot potentially hazardous foods be maintained at 135Deg F (57Deg C) or above during holding for service? Indicate the type, number and location of hot holding units.

COLD HOLDING

6. List all foods that will be held cold prior to service

How will cold potentially hazardous foods be maintained at 41Deg F (5Deg C) or below during holding for service? Indicate type, number and location of cold holding units.

COOLING

7. List all foods that will be cooked and cooled prior to service:



List all foods that will be cooled after hot holding:

8. Indicate by checking the appropriate lines how potentially hazardous foods will be cooled to 41Deg F (5Deg C) within 6 hours (135Deg F to 70Deg F in 2 hours) and describe what foods will be cooled and the location.

Shallow Containers:

Ice Bath:

Rapid Chill Unit: *Important: You will need to confirm with the kitchen owner to verify that this type of equipment is available, if you are intending on using this as a cooling option.*

Stirring with Frozen Stick:

Other Methods (provide description):

9. REHEATING

List all foods that will be cooked, cooled and reheated prior to service:

How and where will potentially hazardous foods that are cooked, cooled, and reheated for hot holding be reheated (indicate final temperature and if prepared on-site or commercially):



Prevent. Promote. Protect.

Department of Food and Consumer Safety
Phone: 317-221-2222 Fax 317-221-3070

SHARED FOOD FACILITY/COMMISSARY AGREEMENT

This form is to be submitted with application for a **Shared Kitchen User**. Foods sold or given away to the public must be prepared and stored in an approved facility. This agreement means that the Shared Kitchen User will have access to the commissary and its facilities at any time.

This form is to be completed by the owner of the approved facility/commissary where these food facility operations will take place for the business applying for a license.

Name of Business applying for food license: _____

Name of Approved Food Facility/Commissary: _____

Commissary Address: _____ Zip: _____

Commissary Phone: _____ Different commissary this year? _____

Food License for Commissary issued by: _____ County Health Department.

Operations to take place (place **X** for yes or no):

Yes: ___ No ___ Food preparation to include cooking?

Yes: ___ No ___ Food/Utensil storage including refrigeration & freezer space?

Yes: ___ No ___ Washing of utensils/equipment?

Yes: ___ No ___ Restrooms available during all hours of food establishment operation?

Yes: ___ No ___ Mop Water Disposal? Yes: ___ No ___ Other? _____

As the owner of the above approved food facility/commissary, I have given my permission for the business known as _____ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of this food facility.

Owner of Approved Facility/Commissary: (please print): _____

Signature of Approved Facility/Commissary Owner/Manager: _____

Date: _____



**MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT**

Prevent. Promote. Protect.

Department of Food and Consumer Safety

4701 N. Keystone Avenue Suite 500

Indianapolis, IN 46205

Phone: 317-221-2222 Fax 317-221-3070

Email: Foodsafe@marionhealth.org

COMMISSARY/COMMERCIAL KITCHEN AGREEMENT

This agreement allows the vendor access to the commissary and its facilities at any time. This commissary agreement is valid for the current calendar year only. MCPHD may contact commissary to verify vendor usage and contract agreement.

Date _____

This form is to be filled out and signed by the owner/manager of the commissary.

I, _____ of _____
(Owner/Manager) (Licensed Food Establishment)

Located at _____
(Address of Establishment) (County) (State)

Do hereby give my permission to _____
(Food Vendor)

To use my kitchen facilities to perform the following (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Equipment storage | <input type="checkbox"/> Dumping waste water |
| <input type="checkbox"/> Food Storage
(cooler/freezer) | <input type="checkbox"/> Ware-washing
equipment and utensils | <input type="checkbox"/> Chemical/supply |
| <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Vehicle/cart storage | <input type="checkbox"/> Trash disposal |
| <input type="checkbox"/> Ice production | <input type="checkbox"/> Filling of water tanks | <input type="checkbox"/> Used cooking oil disposal |
| | | <input type="checkbox"/> Other
services _____ |

Signature of Commissary/Commercial Kitchen Owner/Manager: _____

Note to vendors: Failure to report to the commissary at least once daily during days of operation may result in a civil penalty & license suspension. 410 IAC 7-24-10, 410 IAC 7-24-16, 410 IAC 7-24-79, 410 IAC 7-24-113.

Signature of Vendor _____ Name of Business _____