



SHARED FOOD FACILITY AGREEMENT

This agreement must be signed by the Primary Food Operator and the Dependent Food Operator as part of the permit review process.

CONDITIONS OF APPROVAL

- All food and food related items used in the course of the Dependent Food Operator’s business (utensils, mixing bowls, pots, pans, etc.), must at all times be stored within the approved facility. The Primary Food Operator is responsible for ensuring that there is adequate dry storage space for ingredients, finished product and equipment, in addition to cold storage.
- If significant or major violations are noted, Environmental Health (EH) has the right to rescind the health permit of the Dependent Food Operator, and Primary Food Operator, as applicable.
- EH staff may conduct inspections and investigate consumer complaints associated with the food business.
- The Dependent Food Operator must immediately cease all operations in the event that the Primary Food Operator’s facility permit is suspended or if an imminent health hazard exists that includes, but is not limited to either: a vermin infestation, the lack of hot water, a sewage system backup/failure, etc.
- During an inspection, any violations observed in a common-use area shall be issued to all permitted food facilities in operation at the time of the inspection.
- The Primary Food Operator is responsible for the proper operation and maintenance of permanent equipment used by the Dependent Food Operator (e.g., dish machine, refrigeration units, hand wash facilities, preparation sinks and restrooms, etc.).
- The Primary Food Operator and Dependent Food Operator are responsible for complying with all applicable laws.
- The Dependent Food Operator shall provide the Primary Food Operator with a copy of their annual health permit. The Primary Food Operator shall maintain a copy at the facility at all times
- The Primary Food Operator or Dependent Food Operator shall notify EH in writing within 10 days of severance of this agreement.

Note: This agreement is non-transferable. If at any time there is a change in the business or a modification to this agreement, contact Orange County Environmental Health.

(Please print or type all information)

PRIMARY FOOD OPERATOR		
Name of Business <i>(please print)</i> :		Email:
Facility Address:	City:	Zip:
Legal Representative:	Business Phone:	Cell:
Signature:		Date:
DEPENDENT FOOD OPERATOR		
Name of Business <i>(please print)</i> :		Email:
Home Address:	City:	Zip:
Legal Representative:	Business Phone:	Cell:
Signature:		Date:
OFFICE USE ONLY		
Specialist Name <i>(please print)</i> :		
Signature:		Date:
Primary Food Operator FA	Primary Food Operator PR	SR