



SHARED FOOD FACILITY AGREEMENT

(Please print or type all information)



This agreement must be signed by both the Permitted Food Facility (PFF) Operator and the Dependent Operator (e.g., Compact Mobile Food Operator (CMFO) or Temporary Food Facility (TFF)).

DEPENDENT OPERATOR'S FACILITY INFORMATION

Name of Business:			Public Health Permit#:
Facility Address:	City:	State:	ZIP:
Owner(s) of Business:			
Billing Address:	City:	State:	ZIP:
Email:	Phone Number:		

PROPOSED DEPENDENT OPERATION

Hours/Days of Operation <input type="checkbox"/> Sun: _____ <input type="checkbox"/> Mon: _____ <input type="checkbox"/> Tues: _____ <input type="checkbox"/> Wed: _____ <input type="checkbox"/> Thurs: _____ <input type="checkbox"/> Fri: _____ <input type="checkbox"/> Sat: _____	Type of Business <input type="checkbox"/> Retail Only	Type of Food Service Conducted (check all that apply) <input type="checkbox"/> Low Risk Prepare/package only non-potentially hazardous foods. <input type="checkbox"/> Moderate Risk Food preparation is limited to preparation for same-day service; prepared foods that are not sold or served the same day are discarded. <input type="checkbox"/> High Risk Offer a menu that involves the preparation of PHF and the PHF travels through the temperature danger zone (41-135°F) more than once.
	Where/How will food be sold? <input type="checkbox"/> MFF/CMFO <input type="checkbox"/> Temporary Food Facility Employees #: _____	

PERMANENT FOOD FACILITY - EQUIPMENT OVERVIEW

1. Do you require new equipment that is currently not available in the PFF? Yes No
 If yes, identify the type of equipment (attach Equipment Specification Sheet): _____

2. What equipment/utensils/sinks at the PFF do you plan to use:
 Cooking equipment Prep tables Handwashing sinks Food prep sink Mop sink Utensil washing sink Refrigerator
 Other: _____

3. What do you do with leftovers: _____ N/A

FOOD FLOW OVERVIEW

FOOD DELIVERY: All food ingredients must be obtained from an approved source. Maintain receipts

FOOD STORAGE: Identify amount of shelving utilized (label with the name of your business):
 Dry Storage _____; Refrigerated Storage (41°F) _____; Frozen Storage _____

PERMANENT FOOD FACILITY OPERATOR'S INFORMATION

Facility Name:	Contact Person:	Public Health Permit#:
Facility Address:	City:	State: ZIP:
Email:	Phone Number:	

PERMANENT FOOD FACILITY – CMFO CLEANING AND STORAGE

To support the cleaning of a CMFO food cart, the PFF must have a wash down area that is protected from the elements and includes hot and cold running water and drainage to a public sewer.

1. Are there facilities to allow for the proper cleaning of the cart? Yes No
 If yes, check each required item: Wash down space with hot & cold-water lines (if outdoors, must have overhead protection)

Backflow prevention device for water lines Waste tank disposal of liquid waste (e.g., floor sink, floor drain, trench drain, mop sink)

2. Is there a potable water connection to fill freshwater tanks? Yes No

3. Is there a vermin proof area to store the CMFO? Yes No

If no, the Dependent Operator must have an alternative, approved storage location for the CMFO.

FOOD PRODUCTION: Describe the following with as much detail as possible. Indicate Not Applicable (NA) as appropriate.
(*Equipment – must be NSF approved or equivalent)

PROCESS	IDENTIFY FOOD ITEMS	INDICATE LOCATION AND EQUIPMENT*
Washing of Produce		
Thawing		
Cooking (A food temperature measuring device shall be available)		
Slicing, Chopping or Assembly of Food Items		
Hot Holding (Hot food maintained at 135°F) or above		
Cooling (PHF food will be cooled to 41°F within 6 hours; 135°F to 70°F in 2 hours)		
Reheating (Food must be reheated to a temperature of 165°F for 15 sec within 2 hours)		
Food Transportation (Identify how foods will be protected from contamination and maintained hot/cold)		

CONDITIONS OF APPROVAL

- If significant or major violations are noted as a result of sharing the Permanent Food Facility (PFF), Environmental Health (EH) has the right to rescind the permission of use by the Dependent Operator to conduct the food activities as described above.
- EH may conduct inspections and investigate consumer complaints associated with the food business sharing the PFF and any violations noted will be cited on the PFF official inspection report.
- The Dependent Operator must immediately cease all operations in the event that the PFF permit is suspended or that an imminent health hazard exists that includes, but is not limited to: a vermin infestation, lack of hot water, a sewage system backup/failure, etc.
- The PFF assumes all responsibility for any health code violations which may occur while the facility is being used for this purpose. Such violations may be included on an inspection report for the PFF and may affect the score and grade of the PFF.
 - I am taking responsibility for all health code violations of the Dependent Operator, while operating in this PFF
 - I am not taking responsibility for all health code violations of the Dependent Operator, while operating in this PFF. The Dependent Operator needs to obtain a separate permit.
- The PFF and Dependent Operator will comply with all applicable laws.
- The PFF will notify EH in writing within 10 days of severance of this agreement.

I understand this agreement and declare the information above to be accurate and correct.

Permanent Food Facility (PFF) Operator

The person listed below has my permission to prepare food for sale from my facility on the days and time(s) listed above and store food and equipment in my food facility.

Name of PFF Operator/Legal Representative:

Signature:

Date:

Dependent Operator

I agree to use the above food facility to store food and equipment and for the preparation of food for the MFF/CMFO or TFF. I understand that if I no longer prepare food at this facility, I must obtain another agreement for the use of a permanent food facility or discontinue food preparation.

- I agree to comply all health code requirements
- I understand that I must have a separate Dependent Operator permit

Name of Dependent Operator:

Signature:

Date:

To sign this document electronically:

1. Download the document.
2. Locate the document in your download folder.
3. Right click on the file and open with Adobe Acrobat.
4. Click the signature box where you will be signing.
5. Follow the steps to configure your signature in the pop-up window or select your existing signature and select continue.
6. Enter your password for your signature and click enter.
7. Save the document.

SUBMISSIONS:

For MFF/CMFO:

Standard Plan Cart/Previously Permitted Cart/MFF: Submit the completed application to the Mobile Food Program at ehvip@ph.lacounty.gov or call (626) 430-5500 for questions.

New Custom Built Cart: Submit the completed application to the Plan Check Program at DPH-PlanCheck_Food@ph.lacounty.gov or call (626) 430-5560 for questions.

For TFF:

Community Events associated with a Certified Farmers' Market: Submit the completed application to the Specialized Food Services Program at ehsfs@ph.lacounty.gov or call (626) 430-5421 for questions.

Community Events NOT associated with a Certified Farmers' Market: Submit the completed application to the Community Events Program at communityevents@ph.lacounty.gov or call (626) 430-5320 for questions.

OFFICE USE ONLY

This agreement has been approved by:

Date: