

Brown County Health & Human Services Public Health Division

Shared Kitchen Use Agreement

Facility Owner/Manager Information:

Business Name: _____

Address: _____ City: _____

Contact Name: _____ Phone Number: _____

Email: _____ Facility Hours of Operation: _____

Licensed Operator Information:

Business Name: _____

Contact Name: _____ Phone Number: _____

Email: _____

Services/Facilities (Check all that will be used at the shared kitchen):

- | | |
|--|---|
| <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Facilities to prepare or package foods |
| <input type="checkbox"/> Restroom facilities | <input type="checkbox"/> Potable water connection |
| <input type="checkbox"/> Chemical storage | <input type="checkbox"/> Refrigeration/freezer storage |
| <input type="checkbox"/> Garbage/recycling disposal | <input type="checkbox"/> Cooking equipment |
| <input type="checkbox"/> Wastewater tank disposal (mop sink) | <input type="checkbox"/> Warewashing facilities |
| <input type="checkbox"/> Food preparation sink | <input type="checkbox"/> Utilities: Electrical connection |
| <input type="checkbox"/> Designated handwashing facilities | <input type="checkbox"/> Overnight parking |
| <input type="checkbox"/> Equipment/utensil storage | |

Non-hand operated hand-washing facilities are required in all food preparation areas and dish washing areas. If they are not currently non-hand operated, they must be switched out.

Dishwashing facilities must be one of the following: Manual (3 or 4 compartment wash sink) or mechanical (chemical or high temperature sanitizing dish machine).

A freestanding, air gapped food preparation sink is required if produce washing is necessary.

A mop sink is required.

All ingredients and finished products shall be stored at the shared kitchen or a licensed mobile food establishment.

An agreement should be made between the licensed operator and kitchen owner regarding who is responsible for equipment repairs.



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Proposed Hours of Operation at the Shared Kitchen

Day of Week	Start Time (am/pm)	End Time (am/pm)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

The shared kitchen must be available for inspection during specified hours of the operation or at the inspector's request during any reasonable hour.

The food operator must notify Brown County Public Health if there are any changes to this agreement. **This agreement is not transferable.**

For Licensed Operator

I, the shared kitchen user, will utilize the services/facilities at this kitchen during the days/time indicated above. I will maintain an updated schedule of use at the shared kitchen with Brown County Public Health and will keep written logs of the dates/times I am at the kitchen as well as the foods I prepared. I understand that I will be held responsible for correcting health code violations during my operations and all fees associated with health code violations will be assessed to the licensed operator.

Print Name(s): _____

Signature(s): _____ Date: _____

For Kitchen Owner

I, the shared kitchen owner, acknowledge I have entered into an agreement with the user to utilize the services/facilities at this kitchen and agree to provide the user access to the kitchen on the days/times indicated above. I will maintain or require the operator to maintain a written log of the dates/times the user is at the facility. I will notify Brown County Public Health if this agreement is terminated or if the user fails to use the kitchen on the days/times they have indicated above. I understand that Brown County Public Health has the authority to inspect the facility during reasonable business hours or at the request of the inspector.

Print Name(s): _____

Signature(s): _____ Date: _____

Note: If the shared kitchen is licensed for the owner's business, they will be held responsible for the overall cleanliness and maintenance of shared equipment and facilities during their hours of operation.

