

SHARED FACILITY AGREEMENT

A shared facility is one in which one or more food businesses with different owners are using the same physical food facility but at different times of operation. Each food business owner using this kitchen must have their own license or registration.

SUBMIT COMPLETED AGREEMENT AND DOCUMENTS TO CITY OF FRANKLIN HEALTH DEPT
TYPE or PRINT IN INK. Leave NO BLANK SPACES.

TYPE OF FACILITY/BUSINESS USING THE SHARED KITCHEN:

- Limited Food Establishment Retailer Catering (retail)
 Wholesaler/Distributor/Storage Processor/Manufacturer

FACILITY (Business) NAME: _____
OWNER(S) NAME: _____ PHONE NO: _____

TO BE COMPLETED BY SHARED FACILITY OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a: DAILY BASIS WEEKLY BASIS OTHER, EXPLAIN:

_____The other owner listed above will be using:

Entire Facility will be used OR

Check any that apply:

- | | |
|---|---|
| <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Food Preparation Area, including equipment |
| <input type="checkbox"/> Approved Waste Water Disposal | <input type="checkbox"/> Food Storage Area |
| <input type="checkbox"/> Equipment/Utensil Warewashing Area | <input type="checkbox"/> Equipment and Utensil Storage Area |
| <input type="checkbox"/> Use of Refrigeration/Freezers | <input type="checkbox"/> Employee Restrooms |
| <input type="checkbox"/> Handwashing sinks | |
| <input type="checkbox"/> Other: _____ | |

SHARED FACILITY INFORMATION

FACILITY NAME: _____

FACILITY OWNER/MANAGER: _____

FACILITY ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

FOOD FACILITY LICENSE ISSUED BY: _____ (jurisdiction issuing license)

LICENSE #: _____ (ATTACH COPY OF LICENSE ISSUED BY REGULATORY AGENCY)

I give permission to the above listed Facility Operator to use my facility located at the above address.

SIGNATURE: _____ TITLE: _____ DATE: _____