



**CONTRA COSTA
ENVIRONMENTAL HEALTH
DIVISION**

2120 DIAMOND BOULEVARD, SUITE 100
CONCORD, CA 94520
(925) 608-5500 (925) 608-5502 FAX
<http://cchealth.org/eh>



**PRODUCTION KITCHEN AGREEMENT
FOR CATERERS**

1. TO BE COMPLETED BY OWNER OF CATERING BUSINESS

Owner Name:		Name of Catering Business:		
Owner Address:		City:	State:	ZIP:
Cell Phone:	Alternate Phone:	Email:		

- I will notify Contra Costa County Environmental Health, by written document, of any change in the status of my operation or when the Production Kitchen contract is terminated.
- I hereby state that the above information is current, true and correct to the best of my knowledge and agree to use the Production Kitchen in accordance with the California Health and Safety Code. This agreement will expire at the end of each permit year and must be submitted annually, along with the Caterer Business Permit to Operate Application.

Signature: _____ **Print Name:** _____ **Date:** _____

2. TO BE COMPLETED BY PRODUCTION KITCHEN OWNER OR OPERATOR

Type of Facility: Restaurant Production Kitchen

Name of Production Kitchen: _____

Facility Address:	City:	State:	ZIP:
Owner Name:	Phone:	Email:	

- I agree to provide to the above mentioned applicant access to the following:
- | | |
|--|---|
| ◇ Hand washing facilities | ◇ Ice machine or cooling equipment |
| ◇ Food preparation area | ◇ Potable water |
| ◇ Food preparation sink | ◇ Garbage and refuse disposal |
| ◇ 3-Compartment warewash sink | ◇ Dry food/equipment storage |
| ◇ Refrigeration/Freezer storage | ◇ Chemical storage |
| ◇ Cooking equipment and ventilation hood | ◇ Restroom with hand washing facilities |

I hereby declare that I hold a valid Environmental Health Permit to operate a Production Kitchen. (Include a copy of a valid health permit). I certify that the business named in section 1 is operating out of the above Production Kitchen.

I will notify Contra Costa County Environmental Health Division by written document of any change in the status of my operation, my environmental health permit, or when this Production Kitchen/Approved Facility agreement is terminated.

Signature of Owner/Manager: _____ **Print Name:** _____ **Date:** _____

3. OUT OF COUNTY PRODUCTION KITCHEN (SIGNED BY AGENCY WITH JURISDICTION)

Food Establishment is permitted in _____ County.

Enclose a copy of valid Environmental Health (EH) Permit and obtain a signature from an authorized EH inspector from that county. The above checked (see section 2) requirements are available at the proposed Production Kitchen/approved facility.

REHS Signature: _____ **Print Name:** _____ **Phone:** _____ **Date:** _____

FOR OFFICE USE ONLY

FA#:	PR#:	PE: 0622	Received By:	Date Received:
REHS:			Date:	