



# PUBLIC HEALTH PERMIT/LICENSE - SUPPLEMENTAL APPLICATION

## SHARED KITCHEN COMPLEX/TENANT FOOD OPERATOR

### SPECIALIZED FOOD SERVICES

Environmental Health Division

5050 Commerce Drive, Baldwin Park, CA 91706-1423

[www.publichealth.lacounty.gov/eh](http://www.publichealth.lacounty.gov/eh)



<b>Date of Application:</b>	<b>Legal Name of Business (DBA):</b>
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<b>SHARED KITCHEN COMPLEX</b>	<b>Name of Shared Kitchen Complex:</b>	<b>Business Start Date:</b>
	<b>Operational Details:</b> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale	<b>IRS EIN#:</b>
	<b>Permit Type:</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually (July 1 to June 30)	
	<b>Operation Period:</b> <input type="checkbox"/> Jul.-Sept. (1 <sup>st</sup> Qtr.) <input type="checkbox"/> Oct.-Dec. (2 <sup>nd</sup> Qtr.) <input type="checkbox"/> Jan.-Mar. (3 <sup>rd</sup> Qtr.) <input type="checkbox"/> Apr.-Jun. (4 <sup>th</sup> Qtr.)	
	<b>Assigned Space #:</b>	<b>Number of Food Employees:</b>
	<b>Certified Food Protection Manager Certification Obtained (Provide proof within 60 days):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Storage Required:</b> <input type="checkbox"/> Cold Storage <input type="checkbox"/> Freezer Storage <input type="checkbox"/> Dry Food Storage	

<b>EQUIPMENT</b>	<b>Identify new equipment (Manufacturers' specification sheets required) to be installed or brought into the Shared Kitchen Complex:</b> <input type="checkbox"/> N/A <input type="checkbox"/> Other, specify: _____	<b>Equipment used to transport food to service location:</b> <input type="checkbox"/> Holding Cabinet <input type="checkbox"/> Insulated Transportation Equipment <input type="checkbox"/> Other, specify: _____
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<b>APPROVAL FROM OTHER AGENCIES (if applicable)</b>	
<input type="checkbox"/> California Department of Public Health	<input type="checkbox"/> California Department of Food and Agriculture
<input type="checkbox"/> U.S. Department of Agriculture	<input type="checkbox"/> U.S. Food and Drug Administration
<input type="checkbox"/> Other, specify: _____	

<b>DOCUMENTS TO SUBMIT</b>	
<b>The following documents are required in addition to the documents listed on page 2 of the Public Health/License Application:</b>	
<ul style="list-style-type: none"> <li>• Copy of the signed lease agreement from the Shared Kitchen Complex</li> <li>• A floor plan of the operator's kitchen illustrating all food related equipment</li> <li>• The manufacturers' specification sheets for all food related equipment</li> </ul>	

<b>ADDITIONAL INFORMATION</b>	<ul style="list-style-type: none"> <li>• The application review fee of \$180 is to be paid at the time of application submission. Payments can be made by check and payable to <b>Los Angeles County</b> or online once you receive the invoice.</li> </ul>
	<ul style="list-style-type: none"> <li>• Retail and wholesale operators are to provide a complete menu or list of prepared food products using <b>page 2</b> of this application.</li> </ul>
	<ul style="list-style-type: none"> <li>• Contact the <b>Specialized Food Services Program</b> at (626) 430-5421 if you have questions.</li> </ul>

**I hereby certify under penalty of perjury that the above information is true and correct and will operate in compliance with the requirements set forth in the California Health and Safety Code. Any changes to approved operations must be reported to the Specialized Food Services Program in writing prior to change.**

<b>Signature:</b>	<b>Title:</b>
<b>Print Name:</b>	<b>Date:</b>

