



**County of Riverside**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

www.rivcoeh.org

**District Environmental Services**  
**KITCHEN INCUBATOR (SHARED KITCHEN) AGREEMENT PACKET**

A shared kitchen, also known as a kitchen incubator or culinary incubator, is a business dedicated to startup catering, retail and wholesale food businesses. This information packet is for individuals who will be using a permitted shared kitchen, designed for multiple users and not a retail restaurant.

Please note any change in menu or operation will require approval by this Department. Complete the following form about your business. This form may be used in conjunction with the catering agreement letter or kitchen agreement letter depending on the operation. All responses should be clear, detailed, specific and accurate.

**Business/Owner Information**

NAME OF OWNER			CONTACT PHONE NUMBER	
DBA			EMAIL	
DRIVER'S LICENSE #	STATE	DOB	MAILING ADDRESS	
NUMBER OF EMPLOYEES/HELPERS				
TYPE OF BUSINESS:				
<input type="checkbox"/> Caterer <input type="checkbox"/> Community Event Vendor <input type="checkbox"/> Retail Vendor <input type="checkbox"/> Wholesale Vendor (Temporary Food Facility or TFF)				

**Shared Kitchen Information**

NAME	
ADDRESS	
HOURS OF OPERATION	PR#
PLEASE ATTACH ONE OF THE FOLLOWING:	
<input type="checkbox"/> Catering Agreement Letter <input type="checkbox"/> Kitchen Agreement Letter	

**Menu**

List the type of food item(s) or proposed menu item(s) you intend to prepare in the space provided below. Please note any change in menu or operation will require prior approval by this Department.	



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**Operating Procedures**

- a. Please check any of the following specialized processes or reduced oxygen packaging that will be utilized. Attach a copy of California Department of Public Health approval letter(s) if applicable.

<input type="checkbox"/> vacuum packaging	<input type="checkbox"/> sous vide	<input type="checkbox"/> cook chill
<input type="checkbox"/> canning	<input type="checkbox"/> bottling	<input type="checkbox"/> jarring
<input type="checkbox"/> acidification (pickling)	<input type="checkbox"/> smoking	<input type="checkbox"/> curing
<input type="checkbox"/> other (please specify):		

- b. You will be required to have a labeled designated storage area and/or refrigeration. Describe your storage space (include linear feet).

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- c. Where will your food items be sold? A log sheet indicating all events must be maintained.

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- d. Describe the type of food transport vehicle, transport cold holding and hot holding units utilized.

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- e. If participating in community events, what additional type of cooking appliances will you require at the event?

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- f. If participating in community events, where will you store the additional cooking appliances, cold holding units, hot holding units?

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**Applicant Statement**

I agree to abide by this agreement and all health and safety codes to protect the health and safety of the public and my patrons. Any change to the operation, menu or the equipment will require prior approval by this Department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Owner Statement**

As owner of the Shared Kitchen or his/her designated representative, I agree to allow the applicant to use the health regulated business indicated for the purpose of preparing and storing food, the cleaning and storing of utensils and equipment. Any change to the operation, menu or the equipment will require prior approval by this Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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The enforcement agency shall review and approve this informational packet prior to implementation and a copy shall be kept at the shared kitchen. The enforcement agency is familiar with the shared kitchen and has verified that it meets the standards for space, storage and operation.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

EHS Signature

*If you have question, please do not hesitate to contact your nearest Environmental Health office.  
Offices located in: Blythe, Corona, Hemet, Indio, Murrieta, Palm Springs and Riverside  
1(888) 722-4234*

OFFICE USE ONLY
<input type="checkbox"/> APPROVED
<input type="checkbox"/> NOT APPROVED / REASON:
ENVIRONMENTAL HEALTH SPECIALIST NOTES:



County of Riverside  
DEPARTMENT OF ENVIRONMENTAL HEALTH

STEVE VAN STOCKUM, DIRECTOR

KITCHEN AGREEMENT LETTER

Name of Food Vending Business: \_\_\_\_\_

Owner: \_\_\_\_\_ CDL: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place that Vending Operation will occur: \_\_\_\_\_

This section is to be completed by the owner/operator of the Riverside County permitted facility, which will be used by the above named individual to prepare foods. **This agreement is not valid until approved and signed by an authorized representative of Riverside County Environmental Health. This department reserves the authority to revoke this agreement for cause at any time.**

Name of Food Facility: \_\_\_\_\_

Environmental Health Permit #: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Business Phone#: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Day(s) of the week when vendor will be using your kitchen: \_\_\_\_\_

Time of day the vendor will be using your kitchen: \_\_\_\_\_

The above named vendor has my permission to use my health regulated business as stated above for the purpose of storing and preparing food and for cleaning and storing utensils and equipment. I agree to provide a dedicated and clearly labeled storage space for the vendor to store his/her food and utensils until such time as they are transported directly to the vending site.

I understand this agreement is between myself and Mr/Ms. \_\_\_\_\_, and that I shall notify the Department of Environmental Health, within 10 days of severance of this agreement, or when the above named individual has not used my kitchen for a period of 30 days. I also understand that any falsification or misrepresentation pursuant to this agreement may subject me to citation or legal action.

I declare the information above to be accurate and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As an authorized representative of the department, I am familiar with the above facility and have verified that it meets standards for space, storage and operation. I have also verified that the permit to operate is current and that this is a food facility in good standing with this department at this time.

\_\_\_\_\_  
Signature of Environmental Health Specialist

\_\_\_\_\_  
Date



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**District Environmental Services  
Catering Kitchen Agreement Letter**

Name of Catering Business: \_\_\_\_\_

Owner: \_\_\_\_\_ CDL: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This section is to be completed by the *owner/operator of the currently permitted food facility* that will be used by the above named individual to prepare foods. **This agreement must be updated and submitted to the Riverside County Department of Environmental Health annually along with the corresponding permit fees.**

Name of Food Facility: \_\_\_\_\_

Name of Owner/Operator (Print): \_\_\_\_\_

Environmental Health Permit PR#: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Email: \_\_\_\_\_

Day(s) of the week when the caterer will be using your kitchen: \_\_\_\_\_

Time(s) of day the caterer will be using your kitchen: \_\_\_\_\_

The above named caterer has my permission to use my currently permitted food facility as stated above for the purpose of storing and preparing food and for cleaning and storing utensils and equipment. I agree to provide a dedicated and clearly labeled storage space for the caterer to store his/her food and utensils/equipment. I understand this agreement is between me and the caterer, \_\_\_\_\_, and that I shall notify the Riverside County Department of Environmental Health, within 10 days of severance of this agreement, or when the above named individual has not used my kitchen for a period of 30 days. I also understand that any falsification or misrepresentation pursuant to this agreement may subject me to citation or other legal action. I understand this agreement and declare the information above to be accurate and correct.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caterer Signature

\_\_\_\_\_  
Date

**NOTE: This agreement is not valid until it is approved and signed by an authorized representative of the Riverside County Department of Environmental Health. This department reserves the authority to revoke this agreement for cause at any time.**

As an authorized representative of the Riverside County Department of Environmental Health, I am familiar with the above facility and have verified that it meets requirements for space, storage and operation for both the existing business and the proposed sublet. I have also verified that the facility's permit to operate is current and that the facility is in good standing with this department and may be used as an Approved Catering Kitchen.

\_\_\_\_\_  
Signature of Environmental Health Specialist

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date