



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

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Environmental Health Services • Food Control Office

Shared Facility Agreement for a Licensed Kitchen

Shared Kitchen User:

Business Name: _____

Owner(s): _____

Address: _____

Phone #: _____ **Email:** _____

Operation Type: Baker Caterer Retail Start-Up Demo/Sampler Special Event Vendor Other: _____

Rental/Lease Agreement w/Facility Owner: Monthly 6 Months 1 Year Other

Provide schedule (Days & Times) for kitchen use: _____

Indicate which of the below services will be used at the Shared Kitchen:

- | | | |
|--|---|--|
| <input type="checkbox"/> Entire Facility | <input type="checkbox"/> Storage (Utensils/Equipment) | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Refrigeration Equipment | <input type="checkbox"/> Storage (Pkgd Food Orders) | <input type="checkbox"/> Parking for business vehicles |
| <input type="checkbox"/> Freezer Equipment | <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Storage (Dry Ingredients) | <input type="checkbox"/> Food Prep Equipment | |

** Provide kitchen layout drawing identifying equipment to be used and designated storage space. May use reverse side of this form or a separate paper.*

Licensed Kitchen Information to be completed by the Facility Owner/Licensee:

Facility Name: _____

Owner: _____

Address: _____

Phone #: _____ **Email:** _____

License #: _____ **Hours of Operation:** _____

Do other vendors use this kitchen? Y / N If so, provide Business Name and License #: _____

Will Shared Kitchen User have a key/limitless access to the facility? Y / N

Facility Owner/Licensee – Printed Name & Title

Shared Kitchen User – Printed Name & Title

Facility Owner/Licensee - Signature & Date

Shared Kitchen User - Signature & Date

Note that this agreement is not transferable. Should there be a change in ownership of the Shared Kitchen User, or should there be any modification or cancelation of this agreement between parties, then the Food Service License of all parties involved may be suspended.



Frederick County Health Department

www.FrederickCountyMD.gov/health

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Kitchen Layout Drawing Of Licensed Facility

Provide a drawing in the space below of the kitchen identifying the food service equipment to be used and designated storage space. (Note: drawing may be submitted on a separate paper.)