



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION**

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
 PO Box 1489, San Luis Obispo, CA 93406
 Phone: (805) 781-5544 Fax: (805)781-4211
 Email: ehs@co.slo.ca.us

SHARED PRIMARY FOOD FACILITY USE AGREEMENT

This agreement must be signed by the Primary food facility permittee and the Dependent food facility operator as part of the permit review process.

CONDITIONS OF APPROVAL

- All food and food related items used in the Dependent operator’s business (utensils, mixing bowls, pots, pans, etc.), must always be stored within the approved facility.
- If significant or major violations are noted, Environmental Health Services (EHS) has the right to rescind the health permit of the Dependent operator, and Primary facility operator, as applicable.
- EHS staff may conduct inspections and investigate consumer complaints associated with the food business.
- The Dependent operator must immediately cease all operations in the event the Primary food facility’s permit is suspended or if an imminent health hazard exists that includes, but is not limited to either: a vermin infestation, the lack of hot water, a sewage system backup/failure, etc.
- During an inspection, any violations observed in a common-use area shall be issued to all permitted food facilities in operation at the time of the inspection.
- Primary food facility operator is responsible for the proper operation and maintenance of permanent equipment used by the Dependent operator (e.g., dish machine, refrigeration units, hand wash facilities, preparation sinks and restrooms, etc.).
- The Primary food facility operator and Dependent operator are responsible for complying with all applicable laws.
- The Dependent operator shall provide the Primary food facility operator with a copy of their annual health permit and the Primary food facility operator shall maintain a copy at the facility.
- The Primary food facility operator or Dependent operator shall notify EHS in writing within 10 days of severance of this agreement.

Note: This agreement is non-transferable. If at any time there is a change in the business or a modification to this agreement, contact the County of San Luis Obispo Environmental Health Services Division.

PRIMARY PERMANENT FOOD FACILITY OPERATOR INFORMATION

Name of Business (<i>please print</i>):	Email:		
Facility Address:	City:	Zip:	
Representative:	Business Phone:	Cell:	
I, the Primary food facility operator can and will provide the necessary facilities for the Dependent operator at my permanent food facility as checked below (check all that apply):			
Food Storage	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Walk-in refrigerator	<input type="checkbox"/> Produce <input type="checkbox"/> Dry food <input type="checkbox"/> Frozen food <input type="checkbox"/> Walk-in freezer
Food Preparation	<input type="checkbox"/> Prep tables/counter space	<input type="checkbox"/> Cooking equipment	<input type="checkbox"/> Mixers <input type="checkbox"/> Quick chillers
Washing and Sanitizing	<input type="checkbox"/> Handwashing sink	<input type="checkbox"/> Food preparation sink	<input type="checkbox"/> 3-compartment sink <input type="checkbox"/> Commercial dishwashing machine
Supply Storage	<input type="checkbox"/> Utensils	<input type="checkbox"/> Linens	<input type="checkbox"/> Packaging items <input type="checkbox"/> Chemicals
Premises	<input type="checkbox"/> Restroom with handwashing facilities <input type="checkbox"/> Grease trap/interceptor <input type="checkbox"/> Other:		

By signing below, I, the Primary food facility operator, declare that I have read, understand, and will comply with the conditions of approval described above and that the information I have provided is accurate and correct.

Signature: _____ Date: _____

DEPENDENT FOOD FACILITY OPERATOR INFORMATION

Name of Business (<i>please print</i>):	Email:		
Home Address:	City:	Zip:	
Representative:	Business Phone:	Cell:	

By signing below, I, the Dependent food facility operator, declare that I have read, understand, and will comply with the conditions of approval described above and that the information I have provided is accurate and correct.

Signature: _____ Date: _____

OFFICE USE ONLY

Specialist Name (<i>please print</i>):		
Signature:		Date:
FA	PR	SR