



**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 PERMANENT FOOD FACILITY USE AGREEMENT

This agreement must be signed by the Permanent 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 Permanent 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 Permanent 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.
- Permanent 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 Permanent food facility operator and Dependent operator are responsible for complying with all applicable laws.
- The Dependent operator shall provide the Permanent food facility operator with a copy of their annual health permit and the Permanent food facility operator shall maintain a copy at the facility.
- The Permanent food facility operator or Dependent operator shall notify EHS in writing within 10 days of severance of this agreement.

Form on reverse

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.

PERMANENT FOOD FACILITY OPERATOR INFORMATION

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

I, the Permanent 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 Refrigeration Walk-in refrigerator Produce Dry food Frozen food Walk-in freezer

Food Preparation Prep tables/counter space Cooking equipment Mixers Quick chillers

Washing and Sanitizing Handwashing sink Food preparation sink 3-compartment sink Commercial dishwashing machine

Supply Storage Utensils Linens Packaging items Chemicals

Premises Restroom with handwashing facilities Grease trap/interceptor Other:

By signing below, I, the Permanent 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:		
Dependent Operator Mailing Address:	City:	St:	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