



Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205

PERMITTING APPLICATION Shared Kitchen User

INSTRUCTIONS:

This application is for food businesses that will be *using* a shared kitchen space. A shared kitchen is a commercial kitchen with different permit holders using the same commercial kitchen facilities for the disposal of waste, storage or production of food, ware washing facility, or commissary.

Notes:

- Food businesses that seek to *operate* a shared kitchen space should complete a "Permanent Food Facility Application."
- Mobile food facilities seeking to use a shared kitchen as a commissary should submit a "Mobile Food Facility Application."

Print neatly or type and complete all sections of application. Check all boxes that apply. If any section of the checklist is not applicable, mark "N/A" in question box. Please provide as accurate information as possible to help streamline the permitting process.

Your application must include the following items:

1. A copy of the shared kitchen operator's food permit
2. An Agreement Letter from the Shared Kitchen Representative allowing access to all necessary and required equipment for your operation
3. A signed and completed Permitting Application for Shared Kitchen Users (this form)
4. A complete list of equipment used for your operation including manufacturer names and model numbers
5. A proposed menu
6. Proof of applying for or having received a sales and use tax license
7. Payment of the Shared Kitchen User Application fee as identified on page 3

Checks and money orders must be made payable to the "**Treasurer of Allegheny County.**" Send the application, supporting documents, and fee to the:

Allegheny County Health Department, Food Safety Program
2121 Noblestown Road, Suite 210
Pittsburgh, PA 15205

For questions about this application, email the Allegheny County Health Department (ACHD) Food Safety Program at foodsafety@alleghenycounty.us or call at 412-578-8044.

OFFICIAL USE ONLY

Date Received: _____ Municipality: _____ Check #: _____
Application No.: _____ Assigned to: _____ Receipt #: _____

Shared Kitchen User Information		
Name of Food Facility (DBA):	Food Facility Phone:	
Food Facility Location/Address:		
City:	State:	Zip Code:
Legal Name for Corporation or LLC (proposed food permit holder):		
Business Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Job Title of Contact Person:	
Contact Person Email:	Contact Person Phone:	

Shared Kitchen (Base of Operations) Information		
Shared Kitchen Name:		Shared Kitchen Phone:
Shared Kitchen Address:		Zip Code:
Shared Kitchen Contact Person:	Job Title of Contact Person:	
Shared Kitchen Contact Person Email:		Contact Person Phone:

If any additional contact information is available, then please attach to the application.

Sales and Use Tax License Verification
<p><input type="checkbox"/> Business or sole proprietor has applied for and/or received a sales and use tax license from the Pennsylvania Department of Revenue. A copy of the sales tax license or proof of application is required with this application.</p> <p>Note: For information on applying for a sales tax license, contact the Pennsylvania Department of Revenue.</p> <p><input type="checkbox"/> I have determined that my business is exempt from the collection of sales tax. I certify the facility is compliant with the PA Department of Revenue rules and regulations. All applicable supporting documentation is attached.</p>

Shared Kitchen User Classification		
<input type="checkbox"/> Class II (2)	\$85.00	Food facility will handle only commercially prepackaged food & beverages remaining in sealed packaging, which include time and temperature control for safety (TCS) food
<input type="checkbox"/> Class III (3)	\$122.00	Facility will prepare and handle food that has been removed from packaging and a) food/beverages that are not TCS, or b) food/beverages that are TCS, ready-to-eat food and/or cooked food which will be served on same day as preparation without cooling step
<input type="checkbox"/> Class IV (4)	\$202.00	Food facility will handle TCS food, some of which will require complex food preparation steps, such as cooling batches for later reheating and/or specialized food processes requiring a Hazard Analysis of Critical Control Points (HACCP) plan

Food Handling Operations		
Mark "Yes" or "No" for the food operations described below.	YES	NO
Complex food preparation with TCS foods (Store-Prepare-Cook-Cool-Reheat-Hot Hold-Serve)		
Specialized food preparation process such as curing, dehydrating, fermentation, acidification, vacuum packaging, or sous vide cooking		
Reheating of food items previously cooked and cooled in your facility		
Changing or modifying a TCS food to a non-TCS food		
Use Time as a Public Health Control for TCS foods		
Food preparation with no cook step (Store-Prepare-Serve)		
Prepare food for same day service (Store-Prepare-Cook-Serve)		
Reheating of commercially processed foods		
Cooling prepared foods from ambient temperatures (examples: salsa, tuna salad)		
Washing and packaging/wrapping fruits or vegetables intended immediate consumption.		
Repackage bulk food items into consumer packaging.		
Serve or provide opened beverage containers		
Provide commercially processed and packaged TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Provide milk, eggs, cheese, meats, or poultry food items		
A Banquet Hall that provides kitchen facilities and equipment to renters		
Provide seed sprouts, cut melons, cut leafy greens, cut tomatoes or mixtures of cut tomatoes.		
Provide commercially processed and packaged non-TCS foods in original packaging. Packaging opened by the consumer. (Receive-Store-Hold)		
Offer unopened bottled or canned beverages		
Offer unopened snacks (examples: chips, canned soda, cookies, candies)		

For more information about food facility classification, please use the [Classification Flow Chart](#) or visit alleghenycounty.us/FoodSafety.

Menu

Do you have a fixed menu?
 ☐ NO
 ☐ YES

If no, explain:

What type of food is being prepared and offered? (Check all that apply)

☐ Time and temperature control for safety (TCS)
 ☐ Shelf Stable (Non-TCS)
 ☐ Made-to-order/buffet
 ☐ Packaged for individual sale (retail)
 ☐ Packaged for wholesale

Attach a copy of the proposed food or menu items or a description of types of foods that will be prepared.

Operation Information

General (to be completed by all applicants):

Do you have written policies and procedures for the following items:

• Vomit and diarrhea events and clean-up:
 ☐ NO
 ☐ YES
 • Worker restriction and exclusion:
 ☐ NO
 ☐ YES
 • Time as Public Health Control:
 ☐ NO
 ☐ YES
 ☐ N/A
 • Non-continuous cooking of animal-derived foods:
 ☐ NO
 ☐ YES
 ☐ N/A
 • HACCP Plans:
 ☐ NO
 ☐ YES
 ☐ N/A
 • Major food allergen control plans:
 ☐ NO
 ☐ YES
 ☐ N/A

Number of food employees, including self:

Do you have access to a toilet room?
 ☐ NO
 ☐ YES

How often will you be working out of the Shared Kitchen?

Describe your intended point-of-sale or how food will be offered to others (ex. catered events, farmer markets, festivals, online):

If point-of-sale is off the premise of the shared kitchen (ex. catered event, farmer market, festival), describe how all supplies (food, serving ware, single-use items) will be protected during transport:

☐ Insulated containers ☐ Refrigerated truck ☐ Ice
☐ Hot boxes ☐ Chafing dishes with Sterno ☐ Heat lamp
☐ N/A ☐ Other (Describe):

☐ Packaged* ☐ Made-to-order ☐ Self-service

☐ Buffet/serving line ☐ Other (describe):

Note: For more information on food labels, please see the PA Department of Agriculture [Labeling Guidelines](#).

☐ Chaffing dishes with lids

☐ Behind sneeze guards

☐ Individually plated and served

☐ N/A

☐ Single service ☐ Multiuse ☐ Both

What is your policy for leftover foods? _____

Operation Information (Continued)
<p>Caterer (to be completed only by applicants seeking to provide catering services):</p> <p>Average length of event: _____ (hours)</p> <p>What is furthest anticipated catering job from the base of operations? _____</p> <p>Proposed average size of catering job: _____ (number of people)</p> <p>Are banquet facilities available on the premises of your base operations? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>_____</p> <p>Do you rent tableware and glassware? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Describe how and where tableware, glassware, and serving containers will be cleaned:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Food Processors (to be completed only by applicants seeking to package food for sale):</p> <p>Describe method of preparation in detail (attach another sheet if necessary):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If your product is being offered for wholesale, have you registered with the PA Department of Agriculture? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> N/A</p> <p>Note: For more information on registering with the PA Department of Agriculture (PDA), see the PDA's webpage for Food Manufacturing, Packing, Holding and Distribution.</p>

Cleaning & Sanitization (to be completed by all applicants):
<p>What method of cleaning and sanitizing will be used? (select all that apply)</p> <p><input type="checkbox"/> Three compartment sink <input type="checkbox"/> Dishwasher <input type="checkbox"/> Other (Describe):</p> <p>_____</p> <p>What sanitizer is being used? If using more than one, describe where each will be used.</p> <p><input type="checkbox"/> Chlorine/bleach <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Other (Specify):</p> <p>_____</p> <p>Who is responsible for cleaning equipment and surfaces after use?</p> <p><input type="checkbox"/> Shared kitchen staff <input type="checkbox"/> Shared kitchen users</p>

Cleaning & Sanitization (Continued):

Who is responsible for cleaning the floors after use?

☐ Shared kitchen staff

☐ Shared kitchen users

Is access to a utility/service sink provided?

☐ NO

☐ YES

Who is responsible for disposing of garbage and refuse?

☐ Shared kitchen staff

☐ Shared kitchen users

If shared kitchen users are responsible, then what is the method of storage?

☐ Dumpster

☐ Cans with lids

☐ Compactor

What is the pick-up frequency: _____

Storage (to be completed by all applicants):

Who is responsible for monitoring refrigeration to ensure proper function?

☐ Shared kitchen staff

☐ Shared kitchen users

How is refrigeration being monitored?

☐ Temperature log

☐ Thermometers inside units

☐ Other (Describe):

What items do you plan on storing at the shared kitchen? Check all that apply:

☐ Dry ingredients (including spices)

☐ Single Service (to-go containers/utensils)

☐ Refrigerated ingredients (raw meat)

☐ Multi-use kitchenware (hotel pans, pots)

☐ Additional equipment

☐ Other (Describe):

☐ Adequate space is provided to store all of the above selected items.

Describe all dedicated storage space provided to you at the shared kitchen (dry storage, refrigerated storage, etc.):

Is adequate space, separate from food operation, provided for storing personal belongings?

☐ NO

☐ YES

Equipment List

Provide information on all equipment you will be utilizing at the Shared Kitchen. Designate which of those pieces that are shared. Attach a separate sheet if additional space is needed.

Please list equipment:

List (include how many)	Provided by Shared Kitchen (✓)	Manufacturer	Model number
PLUMBING			
3-compartment sink			
2-compartment sink			
Dishwasher			
Hand washing sinks			
Food preparation sink			
Utility sink			
REFRIGERATION			
Walk-in cooler			
Walk-in freezer			
Upright Cooler			
Upright Freezer			
COOKING			
Stove			
Convection oven			
Microwave oven			
Fryer			

OFF-PREMISE TEMPERATURE MAINTENANCE		Provided by Shared Kitchen(✓)	MANUFACTURER	MODEL NUMBER
TRANSPORT	Insulated containers			
	Refrigerated truck			
	Hot boxes			
	Ice making equipment			
SERVICE	Chafing dishes w/ portable fuel (Sterno or other)			
	Heat lamp			
	Ice making equipment			

I affirm that the above information is true to the best of my knowledge and belief. The undersigned hereby makes application for a permit to operate a Food Facility in the County of Allegheny.

 Print Name Title

 Signature Date