



Department of Food and Consumer Safety  
4701 N Keystone Avenue Suite 500  
Indianapolis, IN 46205  
Phone: 317-221-2222 Fax: 317-221-3070  
Email: [Foodsafe@marionhealth.org](mailto:Foodsafe@marionhealth.org)

## SHARED KITCHEN USER APPLICATION

Applications not including the following are not complete and cannot be considered for approval:

- Completed application
- Copy of your extended menu (the menu you would show your customers)
- Copies of the product labels if applicable
- Copy of Retail Merchant Certificate
- Copy of the Certified Food Manager certificate if available
- Completed Shared Kitchen Agreement

Name of Food Business (DBA): _____
Name of Business on Retail Merchant Certificate: _____
Owner's Name: _____
Owner's Address: _____
City/State: _____ Zip: _____
Phone Number: _____ - _____ Email: _____
Proposed Shared Kitchen Name: _____
Proposed Shared Kitchen Address: _____

Indicate the purpose for your license: \_\_\_\_\_

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Application submittal may be made in person or via regular mail to the address below:  
**Marion County Public Health Department**  
**Department of Food & Consumer Safety**  
**4701 N Keystone Ave, Suite 500**  
**Indianapolis, IN 46205**  
Or via e-mail to: [foodsafety@marionhealth.org](mailto:foodsafety@marionhealth.org)  
You may also fax it to: 317-221-3070  
Questions: 317-221-2222



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**1. FOOD SOURCES-** What stores/suppliers will you be getting your food supplies from?

- How will you transport food to your shared kitchen?
  
  
  
  
  
  
  
  
  
  
- Will food be stored before/after preparation? If so, where will it be stored?

**2. THAWING-** Will you need to thaw any ingredients?

- Yes
- No

If yes, how will you do so?

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**3. COOK AND SERVE** – Will any of your menu items be cooked and served immediately?

- Yes
- No

If yes, what menu items?

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**4. HOT HOLDING** – Will any of your menu items be hot held prior to service?

- Yes
- No

If yes, what menu items?

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How will you maintain hot temperatures?

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**5. COLD HOLDING** – Will any of your menu items be cold held prior to service?

- Yes
- No

If yes, what menu items?

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How will you maintain cold temperatures?

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**6. COOLING** - Will any of your menu items be cooled after cooking or hot holding?

- Yes
- No

If yes, what menu items?

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How will you cool these foods?

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**7. REHEATING** – Will any of your menu items be reheated after cooling?

- Yes
- No

If yes, what menu items?

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How will you reheat these foods?

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**8. SPECIALIZED PROCESSES** - Check all specialized processes, if any, that will take place.

- Curing
- Acidification for preservation (sushi rice, etc.)
- Smoking for preservation (beef jerky etc.)
- Reduced Oxygen Packaging (eg: vacuum packaging, sous vide, cook-chill, canning, etc.)
- Sprouting
- Other:

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**\*\*\*IMPORTANT\*\*\*** Any specialized process must have a Hazard Analysis and Critical Control Points (HACCP) Plan. If you are unable to provide a HACCP Plan, you will be required to exclude the process from your menu. For any questions about specialized processes and HACCP Plans, contact the Department of Food & Consumer Safety at the phone number or email address listed on page 1 of the application.



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### COMMISSARY/COMMERCIAL KITCHEN/SHARED KITCHEN AGREEMENT

The Commissary/Commercial Kitchen Agreement allows the named vendor access to the commissary and its facilities during days of operation. MCPHD may contact commissary to verify vendor usage and agreement.

**This commissary agreement is valid for the current calendar year only.**

Name of commissary: _____		
Address: _____		
<i>Street</i>	<i>City/State</i>	<i>Zip Code</i>
Commissary Authorized Individual: _____	Commissary Food License # _____	
_____ <i>Name</i>	_____ <i>Title/Position</i>	

#### STATEMENT OF COMMISSARY/COMMERCIAL KITCHEN/SHARED KITCHEN AGREEMENT

*This agreement is to be completed and signed only by the duly authorized owner, manager, or representative of the licensed franchise/corporation.*

I, \_\_\_\_\_ do hereby grant permission for

*Name* *Title/Position*

\_\_\_\_\_ to use

*Mobile Food Operator/Shared Kitchen User*

\_\_\_\_\_ facilities at any time to perform the following:

*Commissary/Commercial Kitchen/Shared Kitchen*

(check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Food preparation                 | <input type="checkbox"/> Equipment storage                      | <input type="checkbox"/> Dumping wastewater        |
| <input type="checkbox"/> Food storage<br>(cooler/freezer) | <input type="checkbox"/> Ware-washing<br>equipment and utensils | <input type="checkbox"/> Chemical/supply           |
| <input type="checkbox"/> Dry food storage                 | <input type="checkbox"/> Vehicle/cart storage                   | <input type="checkbox"/> Trash disposal            |
| <input type="checkbox"/> Ice production                   | <input type="checkbox"/> Filling of water tanks                 | <input type="checkbox"/> Used cooking oil disposal |
|   |   | <input type="checkbox"/> Other services            |

\_\_\_\_\_  
*Signature of Authorized Individual of Commissary/Commercial Kitchen/Shared Kitchen*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Signature of Mobile Food Operator/Shared Kitchen User*

\_\_\_\_\_  
*Date Signed*

**Failure to report to the commissary at least once each day of operation may result in a civil penalties & license suspension. 410 IAC 7-24-10, 410 IAC 7-24-16, 410 IAC 7-24-79, 410 IAC 7-24-113.**



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## Shared Kitchen User Attestation

As a licensed shared kitchen user, I agree to the following requirements as stated in the Indiana Retail Food Establishment Sanitation Requirements, 410 IAC 7-24

### Shared Kitchen Usage

Initial

- I will conduct all food preparation within my licensed shared kitchen 410 IAC 7-24-142
- I will store all potentially hazardous foods within my approved shared kitchen
- I will transport food and ingredients directly to my approved shared kitchen after purchase
- I will obtain approval from Food & Consumer Safety Department before changing kitchens
- I will schedule sufficient time within my licensed shared kitchen to meet the needs of my food business

### Food Preparation

Initial

- I will obtain approval from Food & Consumer Safety Department for significant menu changes 410 IAC 7-24-110
- I will maintain potentially hazardous foods at proper temperatures 7-24-187
- I will obtain the necessary additional licenses before operating at temporary events and/or farmer's markets 410 IAC 7-24-107
- I will maintain an up-to-date Certified Food Protection Manager certification, if required 410 IAC 7-22
- I will include labels with all required information on any pre-packaged food 410 IAC 7-24-146

I understand that failure to comply with these regulations may result in license suspension, legal action, citation and/or civil penalties.

\_\_\_\_\_  
Printed name of Shared Kitchen User

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date