



## Department of Food and Consumer Safety

Application submittal may be made in person or via regular mail to the address below:

**Department of Food & Consumer Safety**

4701 N Keystone Ave, Suite 500

Indianapolis, IN 46205

Or via e-mail to: [foodsafemarionhealth.org](mailto:foodsafemarionhealth.org)

Questions: 317-221-2222

### SHARED KITCHEN USER APPLICATION

**A shared kitchen's primary function**, as a food establishment, is to support multiple persons or entities renting, leasing, or utilizing the licensed kitchen with commercial cooking equipment, preparation space, on-site storage, and other food-related services. The intent of a shared kitchen is to further support food operators and entrepreneurs as they launch and grow their businesses.

**A shared kitchen user** is any person or entity who uses, leases, or rents space in any licensed shared kitchen for the primary purpose of food preparation, product development, food packaging, food storage, menu planning, or any other food-related purpose. The scope of the shared kitchen user's operation is limited by the capacity, equipment, and scheduling capabilities.

#### SUBMIT THE FOLLOWING:

- Completed application
- Copy of your Registered Retail Merchant Certificate
- Copy of your extended menu (the menu you would show your customers)
- Copies of product labels (if applicable)
- Written standard operating procedures

Company Name and DBA: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ - \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's E-mail: \_\_\_\_\_

Proposed Shared Kitchen Name: \_\_\_\_\_

Proposed Shared Kitchen Address: \_\_\_\_\_

Tell us about your business: \_\_\_\_\_

Intended days/hours of operation:

- By event only / on an as-needed basis
- Weekly – approx. hours: \_\_\_\_\_
- Monthly – approx. hours: \_\_\_\_\_



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Intended services - mark all that apply:

- Catering – private events (weddings, graduation parties, retirement party)
- Catering – public events (registered temporary events, farmer's markets, community festivals)
- Online food sales (Door dash, Uber Eats, Grub Hub, Facebook, etc.)
- Bulk meal prepping (such as prepared frozen meals, take-and-bake pot pies)
- Baking (bread, pastries, cakes, cookies, etc.)
- Beverage preparation (cold-pressed juice, cold-brew coffee, kombucha, lemonade)
- Other: \_\_\_\_\_

## FOOD HANDLING PROCEDURES

1. Provide a list of intended food suppliers: \_\_\_\_\_
  
2. Select the option that best describes your **purchasing and storage** methods:
  - Utilizing long-term storage at the shared kitchen
  - Purchasing and using all ingredients immediately prior to preparation (as-needed basis)

**CHECK ALL THAT MAY APPLY BASED ON YOUR MENU & PROCESSES.**

**\*\*Provide a separate sheet of written standard operating procedures for each process\*\***

- Cooking and preparation for immediate service
- Thawing frozen foods
- Cooling
- Reheating
- Packaging or bottling a specific food item (ex. BBQ sauce, salad dressing, cold-pressed juice, spice blends)
- Baking (cake, cookies, bread, pastries, pies)
- Food preparation more than 12 hours in advance of an event
  - Describe procedures for preparation, storage, and reheating



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### **SPECIALIZED PROCESSES\*\*\***

3. Indicate any specialized processes that will take place:

N/A - Not Applicable  
 Acidification for preservation (sushi rice, sauces, etc.)  
 Smoking for preservation (beef jerky etc.)  
 Reduced Oxygen Packaging (ex. vacuum packaging, sous vide, cook-chill, canning, etc.)  
 Dehydrating, freeze drying  
 Other: \_\_\_\_\_

**\*\*\*Provide written standard operating procedures, a HACCP, and a variance (if required) for the above specialized processing methods. If these documents are not submitted or you are unable to provide them, food preparation procedures will need to be revised to exclude the above checked specialized processes.**

**NOTE:** All approvals are conditional on the capacity and limitations of the shared kitchen and the proposed operation. The equipment, setup, prep, and storage space must adequately meet the needs of the operation.

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Printed name of applicant

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Date

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Signature of applicant



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### COMMERCIAL KITCHEN AGREEMENT

This agreement allows the vendor access to the commercial shared kitchen and its facilities as scheduled. MCPHD may contact the shared kitchen to verify vendor usage and contract agreement.

*This form is to be filled out and signed by the owner or manager of the commercial kitchen.*

Date: \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Owner/Manager) (Licensed Food Establishment)

Located at \_\_\_\_\_  
(Address of Establishment)

Do hereby give my permission to \_\_\_\_\_  
(Food Vendor)

**To use my kitchen facilities to perform the following (check all that apply):**

<input type="checkbox"/> Food preparation equipment	<input type="checkbox"/> Ware-washing equipment and utensils	<input type="checkbox"/> Other services _____
<input type="checkbox"/> Food storage (cooler/freezer)	<input type="checkbox"/> Chemical supplies	<input type="checkbox"/> _____
<input type="checkbox"/> Dry food storage	<input type="checkbox"/> Trash disposal	
<input type="checkbox"/> Equipment storage	<input type="checkbox"/> Used cooking oil disposal	
<input type="checkbox"/> Ice production		

Signature of Commercial Kitchen Owner/Manager: \_\_\_\_\_

Signature of Vendor: \_\_\_\_\_ Name of Business: \_\_\_\_\_