



## 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: [foodsafety@marionhealth.org](mailto:foodsafety@marionhealth.org)  
Questions: 317-221-2222

### 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"/> Dry food storage              | <input type="checkbox"/> Chemical supplies                   |   |
| <input type="checkbox"/> Equipment storage             | <input type="checkbox"/> Trash disposal                      |   |
| <input type="checkbox"/> Ice production                | <input type="checkbox"/> Used cooking oil disposal           |   |

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

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