

# SHARED KITCHEN/COMMISSARY AGREEMENT

WAUKESHA COUNTY DIVISION OF ENVIRONMENTAL HEALTH  
515 W MORELAND BLVD., ROOM AC260, WAUKESHA, WI 53188  
[EH@WAUKESHACOUNTY.GOV](mailto:EH@WAUKESHACOUNTY.GOV)

This form shall be completed anytime more than one licensee/agent is operating out of the same commercial kitchen or food establishment. This includes caterers, temporary event vendors, farmers or seasonal market vendors, mobile food establishments, pop-up restaurants. This agreement expires one year from the date signed and must be completed annually.

1. SHARED KITCHEN / COMMISSARY USER	
<b>Name of Individual, Partners, or Agent of Corp/LLC:</b>	
<b>Business Name:</b>	
<b>Business Type</b> (check all that apply, for mobile food units, specify the number of units to be serviced out of the shared kitchen) <input type="checkbox"/> Caterer <input type="checkbox"/> Farmer's or Seasonal Market Vendor <input type="checkbox"/> Mobile Units <input type="checkbox"/> Temporary Event Vendor	
VIN #/Make/Model:	Number of Mobile Units:
<b>The shared kitchen operator / facility will be providing the following services to my food operations:</b> <input type="checkbox"/> Dry food storage <input type="checkbox"/> Handwashing facilities <input type="checkbox"/> Refrigeration/frozen food storage <input type="checkbox"/> Restroom facilities <input type="checkbox"/> Equipment/utensil storage <input type="checkbox"/> Warewashing facilities (3 compartment sink) <input type="checkbox"/> Chemical storage <input type="checkbox"/> Facilities to prepare or package food <input type="checkbox"/> Utilities: Electrical Connection <input type="checkbox"/> Mobile Unit: Overnight parking/Storage <input type="checkbox"/> Potable water connection <input type="checkbox"/> Garbage /recycling disposal <input type="checkbox"/> Waste water tank disposal facilities <input type="checkbox"/> Waste water tank disposal facilities with grease trap	
<b>Days of the Week and Times:</b>	
I, the above listed shared kitchen user agree to the following: <ol style="list-style-type: none"><li>I will operate/prepare food solely out of the shared kitchen/commissary noted below unless otherwise authorized by Waukesha County Environmental Health. I understand that the use of an unapproved facility, including but not limited to a private home, for any of the operations above may result in a holding order for the food product and may lead to the revocation of my permit to operate.</li><li>I will maintain an updated anticipated schedule of use of the kitchen with Waukesha County Environmental Health.</li><li>In addition, a MOBILE UNIT BASE LOG SHEET document of the dates, times, products produced, and quantities produced at the kitchen will be maintained at the shared kitchen at all times.</li><li>All ingredients and utensils will be stored at the shared kitchen.</li><li>I will notify Waukesha County Environmental Health prior to discontinuing use of the approved kitchen.</li><li>I understand that all ingredients shall be stored at the shared kitchen or purchased the day of preparation.</li></ol>	
Print Name: _____	
Signature: _____	Date: _____
Shared Kitchen User Signature (Licensee or Agent )	
SHARED KITCHEN OWNER	
<b>Business Name:</b>	
<b>Business (Kitchen) Address:</b>	
I, the commissary / shared commercial kitchen owner, acknowledge I have entered into an agreement with the user listed under section 1, to utilize space in the commercial kitchen listed above. I agree to the following: <ol style="list-style-type: none"><li>I will provide access to the shared kitchen to the user at the frequency listed.</li><li>I will provide the facilities, equipment, and services listed above.</li><li>I will promptly notify the health department if this agreement is terminated or if the user fails to use the kitchen with the frequency specified.</li></ol> I acknowledge that as the primary operator of the kitchen I am ultimately responsible for the maintenance and sanitation of this commissary/shared kitchen. As such, I acknowledge I am responsible for maintaining the facilities and all the equipment I provide in compliance with the WI Food Code.	
Print Name: _____	
Signature: _____	Date: _____
Licensee (Individual, Partner, or Agent or Corporation/LLC)	