



Mecklenburg County Health Department
 SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
 PLAN REVIEW APPLICATION

**Appendix B: Secondary Permit Holder Operating a Shared-Use Kitchen
 Plan Review Application**

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the food establishment. *North Carolina Food Code Manual* and *North Carolina Rules Governing the Sanitation of Food Service Establishments (15A NCAC 18A .2600)* require that plans be submitted for approval **prior to** construction / renovation / modification / change of ownership of such facilities by the local Health Department - Mecklenburg County Health Department, Environmental Health Division.

Secondary Permit Holder

Secondary permits are issued to individual businesses to operate within the primary permit holder’s establishment. They are permitted and operate separately from other permit holders. A \$250 review fee, completed application, and health department approval are required **prior to** operation. The statuses of primary and secondary permits are linked to the status of the other. Permit actions may include suspension or revocation of either permit which may impact the other business.

Secondary Permit Business Name _____

Owner/Permittee or Legal Entity: _____

Corporation Registered with North Carolina Secretary of State? YES NO

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Cell** _____

Phone: _____

E-mail: _____

Business Website/Social Media Platforms _____

Primary Establishment Name: _____ **Primary Facility ID:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

This application must be completed and accompanied by:

- Plan Review Fee** – a non-refundable fee of \$250 shall be paid with completed application.
- Secondary Food Establishment Plan Review Application** – the application is accurate and complete.
- Floor Plan** – a floor plan of the shared kitchen with dedicated storage areas shown. Plan shall include where any new pieces of equipment being brought to the shared kitchen will be stored.
- List of Equipment** - shared equipment, designated equipment and additional special equipment as needed.
- Shared -Use Agreement** – agreement or contract completed by primary permit holder.
- Standard Operating Procedures (SOP)** – for food preparation, cleaning and sanitizing shared equipment, cooling, etc.
- Menu** – proposed menu including explanation of food processes and customer service model

*** Mecklenburg County does not issue verbal approvals regarding design, construction, or equipment.*
*** Acceptance of this application is not a contract to, nor a guarantee of a permit.*
*** Issuance of permit requires compliance with the Rules Governing the Food Protection and Sanitation of Food Service Establishments 15A NCAC 18A .2600.*

I certify that all information in this application is correct. I understand that any deviation without prior approval from this Regulatory Office may nullify plan approval.

Signature: _____
 (Applicant or Responsible Representative)

Date: _____



Mecklenburg County Health Department
SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
PLAN REVIEW APPLICATION

Submittal Checklist

- **Shared-Use Agreement** – an agreement or contact with an approved shared-use kitchen. Plans have been approved and a permit to operate has been issued to the primary permit holder.
- **Manufacturer specification sheets** - new equipment added to the facility for the secondary permit holder.
- **Proposed menu** - Include any consumer advisories required on menus for any undercooked animal proteins.
- **HACCP Plan (if applicable)** – A HACCP plan is required for acidification (sushi rice), reduced oxygen packaging, sous vide, curing, smoking, sprouting beans or drying process- 8-201.13. You will need to submit your HACCP plan & Variance Request to the NC Food Code Variance Committee for approval for specialized food process to be conducted in your food service establishment. Request an application from the State Variance Committee by email at ncvariancecommittee@dhhs.nc.gov
- **Time as a Public Health Control Plan-** Using time limits instead of keeping food hot or cold (3-501.19 Time as a Public Health Control)
- **Standard Operating Procedures (SOPs)** – based on food processes and business model (ex. cleaning and sanitizing food contact surfaces, equipment sharing, date marking, cooling process)
- ***There are several risks associated with shared-use kitchens:** 1) Cross Contamination of food contact surfaces with physical, chemical, or biological hazards. 2) Contamination of food products either by accidental or intentional means. 3) Increased potential for foodborne illness outbreaks due to exceeding the design characteristics of the facility. Standard operating procedures (SOPs) explain how these risks will be prevented. Provide detailed SOPs where it is requested throughout this application.
- **Certified Food Protection Manager Certification** - Permittee has 210 days after issuance of the permit to comply. Certified Person in Charge (PIC) must be onsite during all hours of operation of the secondary permitted facility. ANSI Certification # _____
- **Employee Health Policy** - Each employee of the secondary permitted facility has signed the employee health policy. Example can be found at:
https://www.mecknc.gov/HealthDepartment/EnvironmentalHealth/FoodserviceandFacilities/Pages/new_est.aspx



Mecklenburg County Health Department
SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
PLAN REVIEW APPLICATION

A Shared-Use Kitchen is a permitted food service establishment or restaurant that provides shared kitchen facilities for mobile food units, push carts and caterers. This Shared-Use Kitchen Agreement is part of the plan review process and Mecklenburg County Health Department approval and permitting is required prior to operation of a shared-use kitchen.

Completed by the Secondary Permittee

Business Name : _____

Operator Name: _____

Operator Signature: _____

Mailing Address: _____

Email: _____

Phone Number: _____ **Cell Phone:** _____

Completed by the Owner or Manager of the Shared-Use Kitchen

The management of the Shared-Use Kitchen noted below, agrees to provide the shared-use kitchen for the food service operator named above. Management understands that failure of the food service operator to comply with all laws and rules could result in suspension or revocation of the Shared-Use Kitchen privileges.

Management understands and agrees to provide the following for each approval:

- Separate designated and labeled refrigeration, freezer, and dry storage space.
- A designated protected area for food and utensil storage.
- Use of the ware washing equipment to wash utensils and equipment.
- An accessible wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.

An updated, accurate online calendar of operation in the facility, made available to MCHD at all times. • Shared-Use Kitchen access as needed for the operator to maintain rule compliance.

Name of Shared-Use Kitchen: _____

Address: _____

Phone Number: _____ **Email:** _____

**This agreement shall remain in effect as long as I am the shared-use kitchen owner/operator, unless rescinded by notifying the applicant and the Environmental Health Division of the Mecklenburg County Public Health Department in writing. I agree to notify both parties in writing should this approval be rescinded.

Name of Shared-Use Kitchen Manager: _____

Signature of Shared-Use Kitchen Manager: _____ **Date:** _____



Mecklenburg County Health Department
 SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
 PLAN REVIEW APPLICATION

Schedule of Operation

Time in Shared-Use Facility:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Time of Service Off-Site:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Other Scheduling Information: _____

Number of Employees: _____ **Largest number of meals served for any event:** _____

Type of Operation:

- Catering - private service to private property, not a place of public gathering or business.
- Catering in conjunction with Mobile Food Unit.
- Food for sale at another location. Specify details and provide LABEL example for packaged foods.

Other (specify details) _____

Type of Food Service Utensils (Check all that apply):

Single Service (disposable):

- Plates Glassware Silverware

Multi-use (reusable):

- Plates Glassware Silverware

Type of Food (Check all they apply):

- Prepares Time Temperature Control for Safety Food (TCS)
- Prepares food for delivery to and consumption at a location off premises
- Prepares only non PHF/TCS foods
- Prepares food for a Highly Susceptible Population. Populations that will be catered to or served:

- Nursing Home Child Care Center Health Care Facility

Other (please specify business and address) _____

- Prepares PHF/TCS Foods by: Cooking Cooling Reheating Hot Holding
 Cold Holding Freezing Thawing Par Cooking

Prepares under cooked or raw beef (hamburgers, steak), eggs (sunny side up, poached), fish, sushi, lamb, milk, pork, poultry or shellfish (steamed or raw)

Other (please specify) _____



Mecklenburg County Health Department
 SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
 PLAN REVIEW APPLICATION

Specialized Food Processes:

Indicate any specialized processes that will take place by the secondary permit holder.

****Applicable HACCP or NC Variance approval must be attached****

- Curing Acidification (sushi, etc.) Reduced Oxygen Packaging (e.g. vacuum)
 Smoking Sprouting Other NA

Explain processes:

Food Handling Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas of the kitchen (pod or workstation) and equipment location where corresponding food will be handled. Provide a list of equipment for daily use such as prep tables, refrigeration, cooking equipment, handwashing sinks, ware washing facilities, can wash, and ice machine.

Include the handling procedures for the following categories. Describe the process from beginning to end:

- **Arrival** - How the food will arrive (frozen, fresh, packaged, raw, fully cooked, etc.); Who will be responsible for receiving?
- **Storage** - Where the food will be stored (provide reference on the floor plan)
- **Preparation** - How the food will be handled (washed, cut, marinated, breaded, cooked). Where will food be processed? (provide reference on the floor plan)
- What time of day and frequency will the food be handled (from delivery to final product or stored for later service)?



Mecklenburg County Health Department
SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
PLAN REVIEW APPLICATION

Ready-to-eat Foods (deli meat, cheese, etc.)

Produce

Poultry

Meats

Seafood



Mecklenburg County Health Department
 SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
 PLAN REVIEW APPLICATION

Cold Storage Space

Reach-in refrigerator storage: ____ ft³

Walk-in refrigerator storage: ____ ft³

Reach-in freezer storage: ____ ft³

Walk-in freezer storage: ____ ft³

How often will frozen food be delivered? Daily Weekly Other: _____

How often will refrigerated food be delivered? Daily Weekly Other: _____

Dry Storage Space

Dry storage location: _____

Number of racks and dimensions of shelves assigned/dedicated: _____

How often will dry foods or supplies be delivered? Daily Weekly Other: _____

How will product be delivered to facility? Who will be onsite to accept the delivery? The person in charge (PIC) from the primary permitted facility can accept deliveries for all secondary permit holders. ****Attach SOP**

How will dry storage and personal equipment be separated (ex. locked cages, separate locked rooms)? Food and personal equipment and utensils must be separated and kept secured when not in use by the permit holder.

NOTE: The cold storage and dry storage requirements for each permit holder will be based on cold holding and dry storage calculations and menu concept.

Hot Holding

List food items that will be held hot and equipment used:

Cold Holding

Items of food items that will be held cold:



Mecklenburg County Health Department
 SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
 PLAN REVIEW APPLICATION

Cooling Processes

Indicate by checking the appropriate boxes how cooked food will be cooled from 135°F to 70°F within 2 hours and to 41°F within 6 hours; How room temperature food will be cooled to 41°F

Cooling Method (Check all that apply)			
List Menu Items	Shallow Pans	Ice Baths	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Method:

Thawing Processes

Indicate by checking the appropriate boxes how food in each category will be thawed.

Thawing Process (Check all that apply)	Meat	Seafood	Poultry	Other _____	Other _____
Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Water (< 70° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooked Frozen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



Mecklenburg County Health Department
 SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
 PLAN REVIEW APPLICATION

DISHWASHING FACILITIES

Manual Dishwashing

Describe how the 3-compartment utensil sinks will be shared?

- If sharing the kitchen at the same time, how will sinks be cleaned and sanitized between uses of each permit holder? **Attach SOP*

- If using the kitchen at different times, how will sinks be cleaned and sanitized between uses of each permit holder? **Attach SOP*

What type of sanitizer will be used?

- Chlorine Iodine Quaternary Ammonium Hot Water Other (specify): _____

Mechanical Dishwashing

Will a dishwashing machine be used? Yes No

Dishwashing machine manufacturer and model: _____

- Who is responsible for dishwashing machine maintenance?

- Describe the process for cleaning and sanitizing the clean drain board before and after each permit holder uses the machine. **Attach SOP*

General

- Describe how cooking equipment, cutting boards, slicers, counter tops, and other food contact surfaces that cannot be submerged in sinks or put through a dishwasher will be cleaned and sanitized between uses of each permit holder? **Attach SOP*



Mecklenburg County Health Department
 SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
 PLAN REVIEW APPLICATION

- Describe location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space available for permit holders to use for personal equipment and utensils. **Attach SOP*

- Describe the process for multiple permit holders utilizing a shared pod or prep station? **Attach SOP*

- Square feet of air-drying space for secondary permittee: _____ ft²

EMPLOYEE AREA

Location for storing employees' personal items:

GARBAGE AND RECYCLING

Will garbage be stored inside? Yes No

If yes, where _____

Provision for garbage disposal: Dumpster Compactor

Provision for cleaning dumpster/compactor: On-site Off-site

If off-site cleaning, provide name of cleaning contractor: _____

Describe location for storage of recyclables, cooking grease, cardboard, glass, etc.

CLEANING FACILITIES

Identify how and where garbage cans and floor mats will be cleaned:

Location of chemical storage: _____



Mecklenburg County Health Department
SECONDARY PERMIT HOLDER OPERATING A SHARED-USE KITCHEN
PLAN REVIEW APPLICATION

Will linens be laundered on site? Yes No

If yes, what will be laundered and where?

If no, how and where will linens be cleaned?

Location of clean linen storage: _____

Location of dirty linen storage: _____



MECKLENBURG COUNTY Public Health Department

PERMIT HOLDER RISK AGREEMENT, SHARED FACILITY

Business Name:
Permittee Name:
Address:
Phone Number:
Email:

As a permit holder in a shared-use facility you are subject to heightened risks in association with the other businesses in the facility. A shared-use facility requires a commitment to identify and prevent potential accidental and intentional contamination events.

- **Risk:** Ineffective Employee Health Policy
Explanation: Any individual present in areas of a food establishment where food and food-contact items are exposed must be aware of their responsibility to report any health and activities as they relate to diseases that are transmissible through food to the person in charge.
Overlapping individual businesses creates an environment whereby all are affected by the health practices of the others. Since each permit holder may be affected by the others, steps must be taken to ensure that every individual associated with each permit in the shared space are on heightened awareness of the components of an approved Employee Health Policy and accept the risk associated.
- **Risk:** Cross contamination at shared equipment and food contact surfaces with physical, chemical, or biological hazards.
Explanation: Any individual present in areas of a food establishment where food and food-contact items are exposed presents a potential contamination risk (2009 FDA Food Code-Annex 3). The potential for contamination increases with the number of users and the variety of menu items and processes. Since each permit holder may be unaware of the types of activities that are practiced outside their range of control, steps must be taken to ensure that all equipment and food contact surfaces are cleaned and sanitized prior to use.
- **Risk:** Contamination of food products either by accidental or intentional means.
Explanation: The protection of food products from potential contamination sources is a key component of maintaining control and is required under 15A NCAC 18A .2608. Since activities outside your businesses range of control are practiced within shared-use facilities, permit holders must take effective means to secure their food products from accidental or intentional contamination events.

I understand and acknowledge the Mecklenburg County Health Dept. representative has shared the potential risks that are unique to shared-use facilities as outlined above.

Permit Holder: _____ Title: _____

Signature _____ Date: _____

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Environmental Health Division • 3205 Freedom Dr, Suite 8000 • Charlotte, NC 28208 • (980) 314-1620

<http://envhealth.charmeck.org>