



Environmental Health Division

Application for Secondary Permit Holder Operating a Shared-Use Kitchen

Revised: 8/1/2025

The intent of this application is to provide information in addition to the plans regarding the operational procedures of the food establishment.

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 ESTABLISHMENT INFORMATION

Name of Establishment:

Physical Address:

City & State:

Zip Code:

Permit Holder (ex. LLC or corporation):

OWNER INFORMATION

Owner or Owner's Representative Name:

Billing/Mailing Address:

City & State:

Zip Code:

Telephone:

E-mail Address:

Business Website and/or Social Media Links:

This application must be completed and accompanied by:

- Plan Review Fee** – a non-refundable fee of \$250 shall be paid with a completed application.
- List of Equipment** – shared equipment, designated equipment and additional special equipment as needed.
- Shared-Use Agreement** – agreement or contract completed by primary and secondary permit holders.
- Standard Operating Procedure (SOP)** – for cleaning and sanitizing shared equipment, monitoring of all equipment, etc.
- Menu** – proposed menu including explanation of food processes and customer service model.

I understand that:

- 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: _____



Submittal Checklist

- **Shared-Use Agreement** – an agreement or contract 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- 3-502.12 and 3.502.13. 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 be emailing HACCP@mecknc.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.
- **Employee Health Policy** - Each employee of the secondary permitted facility has signed the employee health policy. Example can be found at: <https://eh.mecknc.gov/food>



Commissary and Shared Use Risk Agreement Form for Food Service Operators

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.

SECONDARY PERMITTEE INFORMATION

Name of Food Service:

Operator Name:

Operator Mailing Address:

Operator Email:

Operator Phone Number:

Operator Cell Phone:

Operator Signature:

Completed by the Owner or Manager of Shared-Use Kitchen

The management of the Commissary facility noted below, agrees to provide the Commissary 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 commissary 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 utensil sink to wash utensils.
- An accessible wastewater collection system for disposal of wastewater.
- A protected connection to the potable water supply.
- A mechanism to track commissary usage, sign-in, digital tracking, etc.
- Commissary access as needed for the operator to maintain rule compliance

SHARED KITCHEN INFORMATION

Name of Shared Kitchen:

Address:

Email:

Phone Number:

**This agreement shall remain in effect as long as I am the commissary owner/operator, unless rescinded by notifying the pushcart/mobile food unit owner 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: _____



SHARED FACILITY RISK AGREEMENT

(to be filled out by both parties)

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	Explanation
Ineffective Employee Health Policy	<p>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.</p> <p>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 is on heightened awareness of the components of an approved Employee Health Policy and accepts the risk associated.</p>
Cross-contamination at shared equipment and food contact surfaces with physical, chemical, or biological hazards.	<p>Any individual present in areas of a food establishment where food and food-contact items are exposed presents a potential contamination risk (2017 FDA Food Code-Annex 3). The potential for contamination increases with the number of users and the variety of menu items and processes.</p> <p>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.</p>
Contamination of food products either by accidental or intentional means.	<p>The protection of food products from potential contamination sources is a key component of maintaining control and is required under 15A NCAC 18A .2608.</p> <p>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.</p>

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.

Name of Shared-Use Kitchen Manager: _____

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

Name of Secondary Permit Holder: _____

Signature of Secondary Permit Holder: _____ Date: _____



OPERATION QUESTIONS

1. Scheduling and Employee Information:

Scheduling Information: _____

Number of Employees: _____

2. Type of Operation:

- Take Out
- Large Pickup / Delivery Orders (i.e. corporate box lunches – taco bar)
- Off-site catering / Private event** (i.e. wedding receptions w/ staff on site)
** requires NSF equipment & storage area for equipment

3. Multi-Use Utensils:

Will multi-service articles be provided to patrons? Yes No

4. Type of Food:

What is the business model of the food establishment? (Check all that apply)

- Prepares Time Temperature Control for Safety (TCS) food, prepares food for delivery to and consumption at a location off premises
- 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) _____

How will food be prepared? (Check all that apply)

- Prepares TCS Foods by:
 - Cooking Cold Holding
 - Cooling Freezing
 - Reheating Thawing
 - Hot Holding Par Cooking (NCC)
- Prepares undercooked or raw beef (hamburgers, steak), eggs (sunny side up, poached), fish, sushi, lamb, milk, pork, poultry or shellfish (steamed or raw)
- Other (please specify) _____

5. Number of Meals:

Projected number of meals to be served daily: _____ Number of seats (inside and outside): _____

Number of food deliveries received each week: _____ Food Sources: _____

Will any **virtual brands** be provided? Yes No

If YES, then list brand names: _____

Menu to be served: _____

Additional equipment needed: _____



FOOD HANDLING PROCEDURES

Will any **specialized processes** be used as specified in section 3-502.11 of the NC Food Code? If YES, indicate which of the following will be used:

Curing Acidification (sushi rice, etc.) Reduced Oxygen Packaging (vacuum packaging)

Smoking Sprouting

Other (explain): _____

Is a HACCP and/or VARIANCE required? Yes No

If yes, email HACCP@mecknc.gov for instructions

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, warewashing facilities, can wash, and ice machine.

For the following processes, include the handling procedures describing the process from beginning to end:

- **Arrival** – How will the food arrive (frozen, fresh, packaged, raw, fully cooked, etc.)? Who will be responsible for receiving it?
- **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)?

1. Ready-to-eat foods: Edible without the necessary additional preparation. e.g., salads, cold sandwiches, raw oyster bar/sushi

2. Produce; grains and pasta: e.g., lettuce, rice, macaroni



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3. Meat/Poultry: e.g., raw beef, pork, duck

4. Seafood / Shell stock:

Hot Holding

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

Cold Holding

Items of food items that will be held cold and equipment used:

Thawing

Indicate how menu items will be thawed:



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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:

DRY STORAGE SPACE

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.

Dry storage location: _____

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

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

How will the product be delivered to the 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.



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RISK CATEGORY INFORMATION:

Risk Category: 1 2 3 4

Risk Category Justification: _____

DEDICATED EQUIPMENT LISTING:

Summary of business model and equipment needed. Include #'s and description (i.e., 2-2'x4' 4 tier racks in cooler, 1- 2'x4' 4 tier racks in dry storage, tilt skillet, dish machine, seating etc.). Include this on the permit.

Signature: _____ REHS: _____ Date: _____