



Environmental Health Division

Application for Primary 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.

Primary Permit Holder

Primary permits are issued to base establishments that provide shared time and space to use the facility. There is a \$250 primary food establishment permit fee for a review of a facility to be used as a shared-use kitchen. Plan approval and a valid permit from Mecklenburg County Health Department is required prior to operation. This includes new construction, upfits, or already open and operating restaurants changing their business model. **Primary and secondary permits operate together.** Permit actions including suspension or revocation may impact the other business.

***NOTE:** For new construction, construction documents shall be submitted electronically to Code Enforcement for health department review. Code Enforcement is located at 2145 Suttle Avenue, Charlotte, NC 28208. Details and instructions regarding commercial plan review may be obtained online by visiting the Mecklenburg County Code Enforcement website at www.meckpermit.com or call (980) 314-2633. New construction will require the Food Service Plan Review Application to be submitted with this document.*

PRIMARY 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.
 - Standard Operating Procedure (SOP)** - for cleaning and sanitizing shared equipment, monitoring of all equipment, etc.
-

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: _____



SHARED FACILITY RISK AGREEMENT

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 Commissary Owner/Manager: _____

Signature of Commissary Owner/Manager: _____ Date: _____



SEPARATION BY TIME AND SPACE

Permit holders must be separated by time (operate at different times of day) or space (separate prep tables, prep sinks, refrigeration space, barriers, etc.) when preparing, and/or cooking.

Required workspace equipment for each secondary permit holder (separated either time or space)

- Hand sink
- Preparation sink(s)
- Prep table(s)
- Reach-in refrigerator(s) or equivalent to work out of during preparation.
- Reach-in freezer(s) or equivalent
- Bulk dry goods storage and walk-in cooler storage shall be assigned and designated for each permit holder with effective vertical separation and shall be secured.
- 3-comp sink and/or dish machine may be shared with SOPs in place to properly clean and sanitize the 3-comp sink between users.
- An oven may be used by only 1 permittee at a time. Signup sheet may be required.
- Stove top range can be separate by burners and used by multiple permit holders at the same time.

Can more than one permit holder work at the same time?

- No, just one permit holder at a time.
 Yes, the facility is large enough and equipped to accommodate _____ separate prep stations at a time.

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

Shared Food Preparation Equipment (check all that apply):

<input type="checkbox"/> Hand sinks # _____	<input type="checkbox"/> Prep Sinks # _____	<input type="checkbox"/> Prep Tables # _____	<input type="checkbox"/> Range # _____	<input type="checkbox"/> Oven # _____
<input type="checkbox"/> Blast Chiller # _____	<input type="checkbox"/> Steamer # _____	<input type="checkbox"/> Fryer # _____	<input type="checkbox"/> 3-Compartment Sink # _____	<input type="checkbox"/> Dishwashing Machine # _____
<input type="checkbox"/> Dry Storage Racks # _____	<input type="checkbox"/> Dry Storage Racks # _____	<input type="checkbox"/> Sheet Pans	<input type="checkbox"/> Speed Racks	<input type="checkbox"/> Pots/Pans
<input type="checkbox"/> Cooking Utensils	<input type="checkbox"/> Food Storage Containers	<input type="checkbox"/> Cleaning Clothes	<input type="checkbox"/> Cleaning/Sanitizer	



Mecklenburg County Health Department _____

Schedule of Operation Example

Primary Facility Hours of Operation

<u>Sunday:</u>	<u>Monday:</u>	<u>Tuesday:</u>	<u>Wednesday:</u>	<u>Thursday:</u>	<u>Friday:</u>	<u>Saturday:</u>

Secondary Facility Hours of Operation

<u>Secondary Permit Holder</u>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

Additional Scheduling Information:



Additional Primary Permit Questions

1. DRY STORAGE SPACE:

List all dry storage locations:

Number of racks and dimensions of shelves:

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 if needed.

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.



Mecklenburg County Health Department

2. Manual Dishwashing:

Describe how the three-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 needed.

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

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 if needed.

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 if needed.

What type of sanitizer will be used?

Chlorine Quaternary Ammonium Lactic Acid Hot Water Other (specify): _____



Mecklenburg County Health Department

3. Mechanical Dishwashing:

Will the dishwashing machine be available to all secondary permit holders?

Yes No

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 if needed



Mecklenburg County Health Department

FOR OFFICE USE ONLY

RISK CATEGORY INFORMATION:

Risk Category: 1 2 3 4

Risk Category Justification: _____

WATER HEATER INFORMATION:

Water heater make and model: _____

Tank Tankless

BTU/KW _____ Number of Units _____

Required rise (Pick one) 70F 80F 90F

Required Recovery _____ GPH*/GPM**

Provided Recovery _____ GPH*/GPM** | *tank ** tankless

Water calculation provided? Yes No

System Approved? Yes No

Unable to verify water heater due to it being inaccessible. Performance tested? Yes No

EQUIPMENT LIST

Please check what equipment items are present in the facility at the time of permitting

Equipment	Number of Each	Temperature at time of Permitting (Including hot water)	Equipment	Number of Each	Temperature at the time of Permitting for Other Section if Applicable
<input type="checkbox"/> Walk-in Cooler			<input type="checkbox"/> Standard Oven		N/A
<input type="checkbox"/> Walk-in Freezer			<input type="checkbox"/> Convection Oven		N/A
<input type="checkbox"/> Blast Chiller			<input type="checkbox"/> Turbo Chefs		N/A
<input type="checkbox"/> Under Grill coolers (chef base)			<input type="checkbox"/> Microwave		N/A
<input type="checkbox"/> Lowboy Reach In Cooler			<input type="checkbox"/> Tandoor		N/A
<input type="checkbox"/> Lowboy Reach In Freezer			<input type="checkbox"/> Smoker		N/A
<input type="checkbox"/> Reach In Freezer (1 door)			<input type="checkbox"/> Grill		N/A
<input type="checkbox"/> Reach In Freezer (2 door)			<input type="checkbox"/> Griddle		N/A
<input type="checkbox"/> Reach In Freezer (3+ doors)			<input type="checkbox"/> Burners		N/A
<input type="checkbox"/> Reach In Cooler (1 door)			<input type="checkbox"/> Immersion Recirculator		N/A
<input type="checkbox"/> Reach In Cooler (2 door)			<input type="checkbox"/> Rethermalizer		N/A
<input type="checkbox"/> Reach In Cooler (3+ doors)			<input type="checkbox"/> Hotbox		N/A
<input type="checkbox"/> Flip Top (1 door)			<input type="checkbox"/> Alto sham		N/A
<input type="checkbox"/> Flip Top (2 door)			<input type="checkbox"/> Tilt Skillet		N/A
<input type="checkbox"/> Flip Top (3+ doors)			<input type="checkbox"/> Fryer		N/A
<input type="checkbox"/> 3 Comp Sink			<input type="checkbox"/> Steamer		N/A
<input type="checkbox"/> 4 Comp Sink			<input type="checkbox"/> Pasta well/cooker		N/A
<input type="checkbox"/> Hand Sinks			<input type="checkbox"/> Steam well		N/A
<input type="checkbox"/> Prep Sinks			<input type="checkbox"/> Other		
<input type="checkbox"/> Dish Machine – Pass through			<input type="checkbox"/> Other		
<input type="checkbox"/> Dish Machine – Under-counter			<input type="checkbox"/> Other		
<input type="checkbox"/> Can Wash			<input type="checkbox"/> Other		
<input type="checkbox"/> Dump Sink			<input type="checkbox"/> Other		
<input type="checkbox"/> Dry Storage racks			<input type="checkbox"/> Other		
<input type="checkbox"/> Cold Storage Racks			<input type="checkbox"/> Other		

Signature: _____ REHS: _____ Date: _____