



CARTERET COUNTY HEALTH DEPARTMENT

Environmental Health Section

3820-A Bridges Street Morehead City, NC 28557

Phone: (252) 728-8499 **Fax:** (252) 222-7753



SHARED KITCHEN AGREEMENT FORM

Name of Secondary Business: _____

Name of Owner/Operator: _____ **Phone:** _____

Mailing Address: _____

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

North Carolina General Statutes § 130A-248. Regulation of food and lodging establishments specifies in Section (b) “No establishment shall commence or continue operation without a permit or transitional permit issued by the Department. The permit or transitional permit shall be issued to the owner or operator of the establishment and shall not be transferable. If the establishment is leased, the permit or transitional permit shall be issued to the lessee and shall not be transferable. If the location of an establishment changes, a new permit shall be obtained for the establishment. A permit shall be issued only when the establishment satisfies all of the requirements of the rules.”

Shared Kitchen Operator: I agree to operate my food service establishment within the parameters set forth in the North Carolina Rules Governing the Food Protection and Sanitation of Food Service Establishments, NC 15A NCAC 18A .2600. I understand that as a shared kitchen, all aspects of the kitchen and operation may be inspected during either business inspection.

Signature of Secondary Operator: _____ **Date:** _____

Name of Facility: _____

Facility Address: _____

Name of Owner/Operator: _____ **Phone:** _____

Mailing Address: _____

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

Email Address: _____

Facility Owner/Operator: As the permittee or operator of the primary permitted food service establishment above, I agree to share the space with the permittee named above. I understand that as a shared kitchen, all aspects of the kitchen and operation may be inspected during either business inspection.

Signature of Facility Owner/Operator: _____ **Date:** _____