Application for Shared Kitchen User

Important Notice: This application is only for businesses using shared kitchens. To provide a shared kitchen, you must be permitted as a food processing plant. The food processing plant application is available on the IDPH Manufactured Food website.

Permits are not transferrable between individuals or locations. If moving to a different shared kitchen, you will need to complete a new shared kitchen application and pay fees for a new permit.

Mandatory fields are denoted by an asterisk (*).

I. Application Information

Check one application type.

☐ New Application ☐ Change of Owner ☐ Change of Location

☐ Adding Special Product to Permit

II. Shared Kitchen User Information

A) Firm Name

Legal Name of Firm*	

Firm name should be exact name on file with the Illinois Secretary of State.

B) Physical Address of Shared Kitchen in Illinois (where product is made or stored)

Firm Name	
IDPH Permit Number	
Street/Line 1*	
Line 2	
City, State, & Zip Code*	
County*	

C) Firm Contact Information

Firm Phone* (include area code)	
Emergency / Cell Phone (include area code)	
Firm Email Address* (type or print clearly)	

III. Owner and/or Operator of Business Information

A) Owner/Operator Name and Contact Information

Name (First and Last Name)*	
Street/Line 1*	

Street/Line 2	
City, State, & Zip Code	
Owner/Operator Address (International, if applicable)*	
Phone* (include area code)	
Email Address*	

Important Notice: This contact information will be used for renewal notifications.

B) Ownership Type (Check applicable box AND complete information)

Business Services are defined at https://www.ilsos.gov/departments/business_services/home.html

☐Sole Proprietor/Individual	List Name:
☐Partnership/Multiple Owners	List Name of Each Owner:
☐Limited Liability Company (LLC)*	List Complete Name of LLC and FEIN:
☐Corporation	List Complete Name of Corp and FEIN:
☐Other (Government, Non-Profit, etc.)	List Type of Ownership and any additional information:

Registered Agent.

If applicable, list the name and address registered agent on file with the Secretary of State.

Registered Agent Name	
Registered Name Address	

C) Child Support Declaration (Must be completed if ownership type is sole proprietor/individual)

To be completed, signed, and dated only if sole proprietor of facility. The law (5 ILCS/100/10-65) requires all applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay issuing your permit. Making a false statement may place you in contempt of court. **Check only one box.**

☐ I am not more than 30 days delinquent in complying with a child support order; or
☐ I am more than 30 days delinquent in complying with a child support order; or
☐ This statement does not apply.

Signature of Applicant: _____ Date:_____

IV. Mailing Address

Check the applicable box AND complete the information. Important Notice – The mailing address will receive permit renewal information.

☐	Mailing address is the same as the physical facility address.
☐	Mailing address is the same as the owner and/or operator address.
☐	Mailing address is different than the physical facility address AND the owner and/or operator address.

If you selected, mailing address is different than the physical facility addresses AND the owner and/or operator address. Complete the information below.

Street/Line 1*	
Line 2	
City, State, & Zip Code*	
County*	

V. Product Information

A) List the five most representative products/product types that the facility intends to manufacture/warehouse.

1.	
2.	
3.	
4.	
5.	

B) Listing Products

List all products that the facility makes or repacks on a separate attachment.

C) Baby Food Products

Does your facility intend to manufacture, distribute, or hold baby food? Baby food means food packaged in a jar, pouch, tub, or box sold specifically for babies and children under the age of 2. Check the appropriate box.

☐	Yes, we intend to manufacture, distribute, or hold baby food.
☐	No, we do not intend to manufacture, distribute, or hold baby food.

D) Special Products with Fees

Food processing plants engaging in the activities with the following products are required to annually pay applicable special product fees in the fee table in Section VIII in addition to the annual permit fee. Select all products that apply by checking the box.

☐	**Molluscan Shellfish** - all species of oysters, clams or mussels, whether: shucked or in the shell; fresh or frozen; and whole or in part; and scallops in any form, except when the final product form is the adductor muscle only.
☐	**Seafood** - includes all fish EXCEPT catfish, fish products, crustaceans (e.g. shrimp, crab, and lobsters).
☐	**Juice** - the aqueous expressed or extracted from one or more fruits or vegetables, purees of the edible portions of one or more fruits or vegetables, or any concentrates of such liquid or puree.
☐	**Acidified Products** - low-acid food to which acid(s) or acid food(s) are added, and which has a finished equilibrium pH of 4.6 or below and an Aw greater than 0.85. Ex: pickled foods, sauces, dressings, etc.

Food storage facilities engaged in holding the following products are required to annually pay applicable special product fees as provided in the fee table in Section VII in addition the annual permit fee. Select all products that apply by checking the box.

☐	**Molluscan Shellfish** - all species of oysters, clams or mussels, whether: shucked or in the shell; fresh or frozen; and whole or in part; and scallops in any form, except when the final product form is the adductor muscle only.
☐	**Seafood** - includes all fish EXCEPT catfish, fish products, crustaceans (e.g. shrimp, crab, and lobsters).

VI. Operating Information

A) Seasonal Operation/Operating Months

Will the firm operate seasonally?

☐	Yes, the facility operates seasonally.
☐	No, the facility operates all year.

If seasonal, check the box next to the month(s) that the facility will operate in the shared kitchen space:

☐January	☐February	☐March	☐April
☐May	☐June	☐July	☐August
☐September	☐October	☐November	☐December

B) Operating Hours

Select the days that the facility will operate in the shared kitchen space and provide operating hours.

Day	Operating Hours	Day	Operating Hours
☐Monday		☐Friday	
☐Tuesday		☐Saturday	
☐Wednesday		☐Sunday	
☐Thursday			

VII. Proof of Shared Kitchen Agreement

With this application, the shared kitchen user must provide proof of the shared kitchen agreement including a copy of the agreement which authorizes the named firm to operate in the commercial facility. The document must be signed and contain the facility's address, IDPH general processor permit number, permitted times of use, timeframe of the agreement, and terms of the agreement.

VIII. Certification Statement

This application must be signed:

a) by the owner, if an individual;
b) by one of the partners, if a partnership; OR
c) by an officer of the company or corporation.

I affirm that I am the owner, partner, or officer of the firm name as shown in **Section III** and that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health (IDPH) this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact.

I agree to the inspection of this operation by an authorized identified person (AIP) of IDPH during facility operating hours. I understand that harassment and/or inappropriate behavior towards an AIP may result in the cessation of the inspection.

I agree to conduct operations and maintain premises in accordance with all applicable laws, rules, and regulations. I understand the Department may deny, suspend, or revoke a permit if the facility fails to make corrective actions upon inspection findings. I acknowledge that reinspection fees mayapply for each subsequent inspection required.

Print Name: _____

Signature: _____ Date: _____

VIII. Permitting Fees

All facility applications are required to pay one-time $150 application fee. Permits shall expire annually on December 31 of the year they are issued, unless issued after October 1. To maintain your permit, you will have to pay an annual fee as outlined in Table 1. Renewals postmarked after December 1 will be subject to a $150 late fee.

Table 1. Fees for Shared Kitchen User

Facility Type	Initial Permit with Application Fee	Annual Permit Fee
Shared Kitchen User	$550	$400
Shared Kitchen User with molluscan shellfish	$1,250	$1,100
Shared Kitchen User with Special product (juice, seafood, or acidified)	$900	$750

IX. Submit Application Materials and Payment

Application must be accompanied by a floor plan, product labels, and appropriate pre-inspection questionnaire (General Processor or Storage/Processor or Storage Facility with Special Products).

Fees must be payable to the Illinois Department of Public Health in the form of a business check, personal check, cashier check, or money orders.

Mail completed application AND payment to:

Illinois Department of Public Health
Division of Environmental Health
Food, Dairies, and Devices Section

Manufactured Food Program
525 W. Jefferson St, 3rd Floor
Springfield, IL 62761

Questions? Phone 217-785-2439 | TTY (hearing impaired) 800-547-0466 | Email dph.mfgfood@illinois.gov