

Food Manufacturer Application to work from a Shared Kitchen Space

Use this form to: apply for a health inspection at a shared kitchen. This application is for food manufacturers who process and package food for sale. This application is not for catering operations which serve food at off-site event locations.

STEP 1 – Gather Supporting Documents *(submit copies of documents, not originals)*

For **ALL** applications, submit:

- Member’s (Business owner working in Shared Kitchen) DC-issued Certified Food Protection Manager Certificate.
- List of all food products with planned method and place of distribution/point of sale. (Step 4)
- Recipes and food handling processes for all foods made by your business. (Step 5)
- Copy of labels for each food product that is intended to be packaged/bottled and sold at retail or sold wholesale.
- If making acidified foods, copy of the Process Authority Letter and Better Process Control School certificate of completion. Acidified foods include pickling.
- If performing specialized processes (reduced oxygen packaging, sous vide, canning, bottling, preservation, smoking, curing, acidification, etc.) a copy of your HACCP Plan.

STEP 2 – Fill in the Information Below

Ownership Information *Tenant’s business information*

Ownership Entity: Individual Corporation Limited Liability Company (LLC) Partnership
 Other: _____

Corporate name (if applicable): _____

Name of Applicant: _____		Applicant’s Certified Food Protection Manager #: _____		
Email: _____		Phone: _____		
Applicant’s Mailing Address: _____	Suite: _____	City: _____	State: _____	ZIP: _____

Trade Name of Business: _____

Shared Kitchen Information *(Where you process and store your foods)*

Facility name: _____ **Facility owner’s name:** _____

Facility address: _____

Facility owner’s email: _____ **Facility owner’s phone:** _____

Days/times member will use the shared kitchen:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time						
End Time							

STEP 3 - HACCP Plan Requirements

If one of these processes below applies to your operation, you will be required to submit a HACCP Plan and/or apply for a Variance. Contact HACCP.Plans@dc.gov for more information.*

<input type="checkbox"/> Reduced Oxygen Packaging	<input type="checkbox"/> Smoking or Curing for Preservation	<input type="checkbox"/> Acidification (e.g. pickling)	<input type="checkbox"/> Fermentation
<input type="checkbox"/> Sous Vide	<input type="checkbox"/> Canning	<input type="checkbox"/> Sprouting	<input type="checkbox"/> Bottling

*The Department of Health may determine that a Variance and/or HACCP Plan is required for a process which is not listed above, according to 25-DCMR 1010.1(g). Here is a link to D.C.'s Food Code: <https://dchealth.dc.gov/service/food-safety-hygiene-inspection-services-division>

Step 4 – Food Product and Process Information *indicate the product and where you intend to sell it*

Food Product Information

Food product submitted for review*	Method of Distribution / Point of Sale
<i>Example: Sugar Cookies</i>	<i>Examples: Farmers market(s), retail store(s) within the District, retail store(s) outside of the District, via the internet, via food delivery service, etc.</i>

***A Food Product Information Sheet for each food product must be submitted with application (Step 5- See pg 4)**

STEP 5 - Food Product Information Sheet – Example

Use the guide below to fill out food product information sheets for each of your products. Fillable tables can be found in Attachment 1. These must be filled out for each food product you intend to process and must be included with the application.

Food Product Name: (Example) Sugar Cookies	<input type="checkbox"/> Trade Secret
<p>Ingredients: 3 ½ cup all-purpose flour 8 tablespoons butter 1 cup chopped walnuts ¾ cup granulated sugar ¾ cup brown sugar 2 whole eggs ½ teaspoon baking soda ½ teaspoon salt ½ teaspoon vanilla</p>	

Step-by-Step Instructions:

1. Wash and sanitize utensils and preparation area.
2. Assemble ingredients and equipment.
3. Preheat oven to 375°F.
4. Combine flour, baking soda, and salt in small bowl.
5. Beat butter, granulated sugar, brown sugar, and vanilla in large mixer bowl.
6. Add eggs one at a time to butter/sugar mixture, beating well after each addition.
7. Gradually beat in flour mixture.
8. Stir in nuts.
9. Drop by rounded tablespoons onto greased baking sheet.
10. Bake at 375°F for 9-11 minutes or until golden brown.
11. Let cool for 2 minutes, then remove to wire racks to cool completely.
12. After cookies have cooled, place in packages.

STEP 6 – Certification and Signature

By signing below, I certify that the information submitted in this application is correct and true to the best of my knowledge and I affirm my understanding that if I knowingly make a false statement on this application, I may be fined or imprisoned up to 180 days, or both as set forth in D.C. Official Code § 22-2405; and my Business License/Permit may be suspended or revoked.

Shared kitchen owner attestation: By signing this document, I agree to provide support services to the tenant listed in this document. I understand that I am required to maintain my facility in accordance with Title 25-A of the District of Columbia Municipal Regulations.

Shared kitchen member/applicant’s attestation: By signing this document, I attest that:

- I am the owner of the business operating out of the shared kitchen;
- I have read, understand, and will follow Title 25-A of the District of Columbia Municipal Regulations;
- I will direct all individuals who work at or for my food establishment to follow the regulations;
- I will use the shared kitchen listed on my application indicated in this document in order to: (1) prepare food, store food, dispose of wastes, wash and sanitize utensils and equipment, and complete all other required actions necessary to serve safe food; and
- I understand that failure to comply with the requirements of 25-A DCMR may result in the suspension of my license/permit.

Shared kitchen owner’s signature: _____ Printed Name: _____ Date: _____

Member’s signature: _____ Printed Name: _____ Date: _____

STEP 7 – Submit Your Application to DC Health

By E-mail (Recommended)

Food.Safety@dc.gov

Please submit completed application and all supporting documents, to include copies of your labels and any other applicable information from Step 1.

In Person

DC Health
899 North Capitol Street, N.E.
1st Floor Processing Center
Washington, D.C. 20002
Monday – Friday: 8:15 am – 4:45 pm

NEXT STEPS

Await DC Health Review & Scheduled Inspection

Please allow up to thirty (30) days for complete review. Once your application has been reviewed and approved, we will contact you to schedule a pre-operational inspection. You should be prepared to demonstrate how one of your food products is made during this inspection. The sanitarian assigned to conduct your pre-operational inspection will issue you an inspection report indicating you have passed and are approved for licensure.

Obtain Business License from Department of Consumer and Regulatory Affairs (DCRA)

The inspection report you receive should be shown to the Department of Consumer and Regulatory Affairs (DCRA) **(202) 442-1100** to obtain your Business License. The business license you will be issued will most likely be the "Catering" license as this is the most applicable license category for your operation. The Department of Consumer and Regulatory Affairs has the ability to assign a different license category to you, based on your operation.

REPORT WASTE, AND ABUSE: To report fraud, waste, or abuse within the District Government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by e-mail at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General website at oig.dc.gov.

STEP 5 - Food Product Information Sheet – Attachment 1 *Attach extra pages as necessary to include all of your food products*

Food Product Name:

Trade Secret

Ingredients:

Step-by-Step Instructions: