

RENTAL KITCHEN – FOOD SAFETY INFORMATION FORM

Date _____

Incubator/Food Facility _____

Contact at Incubator/Food Facility _____

Contact Email _____ Contact Phone _____

Company/Leasee Name _____

Person in Charge/Manager _____

Phone Number _____ Email _____

Primary Business (select one) Retail _____ Wholesale _____

If Wholesale, List Name/Type of Establishment and Locations (what type of businesses are offering your product) _____

Process involved in making your food (check all that apply)

____ Cooking and hot holding

____ Cooling and cold holding

____ Cooking and cooling

____ Raw fish or other meals

____ Reheating

____ Thawing food

____ Repackaging

____ Baking

All renters are required to submit the following:

- Lease/agreement & most recent inspection report from food facility (NA Evanston business)
- Product List (sample menu, if caterer or personal chef)
- Food Protection Manager Certification
- Sample of Food Label Used (wholesale or retail)

Please submit this form and attachments (email preferred) to:

Ellyn Golden
Licensing Coordinator
Health & Human Services
2100 Ridge Avenue
Evanston, IL 60201
egolden@cityofevanston.org
Fax: 847-448-8134
Phone: 847-448-8134