

# S A M P L E

## NOTARIZED LETTER

Name of Shared Kitchen/Restaurant: ABC Restaurant Inc.  
Address: 2133 W Lexington St.  
City, State Zip Code: Chicago, IL 60612  
Business phone number: (312)000-0000  
Business License number: 12345678

DATE: April 9, 2024

I, Virginia Smith, owner/person in charge of  
ABC Restaurant, grant full permission to  
Anita Williams to use my food establishment for food preparation,  
storage, and dishwashing. I understand that they will have full access to our kitchen  
facilities for cooking and food preparation needs. They will be held liable for the safety  
of any products or services they provide to the public. I will provide them with a copy of  
our city business license and our most recent health inspection report. This letter  
clarifies our agreement from April 9, 2024 through October 9, 2024.

If any further information is required, I can be reached at ( 312 ) 000 -0000.

Print name of owner/person in charge:

Virginia Smith

Signature of owner/person in charge:



Print First Name and Last Name of Special Event Food Vendor:

Anita Williams

Print name of Business of Special Event Food Vendor:

Anita's Sweets

Signature of Special Event Food Vendor:



Notary Public signature, stamp, and date:

**NOTARIZED LETTER**

**Name of Shared Kitchen/Restaurant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State Zip Code:** \_\_\_\_\_  
**Business phone number:** \_\_\_\_\_  
**Business License number:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I, \_\_\_\_\_, owner/person in charge of  
\_\_\_\_\_, grant full permission to  
\_\_\_\_\_ to use my food establishment for food preparation,  
storage, and dishwashing. I understand that they will have full access to our kitchen  
facilities for cooking and food preparation needs. They will be held liable for the safety  
of any products or services they provide to the public. I will provide them with a copy of  
our city business license and our most recent health inspection report. This letter  
clarifies our agreement from \_\_\_\_\_.

If any further information is required, I can be reached at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Print name of owner/person in charge:

\_\_\_\_\_

Signature of owner/person in charge:

\_\_\_\_\_

Print First Name and Last Name of Special Event Food Vendor:

\_\_\_\_\_

Print name of Business of Special Event Food Vendor:

\_\_\_\_\_

Signature of Special Event Food Vendor:

\_\_\_\_\_

Notary Public signature, stamp, and date: