NOTARIZED LETTER

Name of Shared Kitchen/Re	estaurant: ABC Restaurant Inc.
Address: 2133 W Lexington	on 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 fo	od 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 an	d our most recent health inspection report. This letter
clarifies our agreement froi	m April 9, 2024 through October 9, 2024
If any further information is	s required, I can be reached at (312) 0000000
Print name of owner/perso Virginia Smith	n in charge:
Signature of owner/person	in charge: —
Print First Name and Last N Anita Williams	ame of Special Event Food Vendor:
Print name of Business of S Anita's Sweets	pecial Event Food Vendor:
Signature of Special Event F	

Notary Public signature, stamp, and date: