



Commercial Kitchen Rental Application

Personal and Business Information

Name: _____

Partner: _____

Business Name: _____

Type of Product: _____

Contact Information

Phone Number: _____

Alt. Phone Number: _____

Fax Number: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Website: _____

Security Information

Driver's License #: _____

Expiration Date: _____

Business References – Three Required

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Kitchen Usage – Circle One

~one time (min 8 hours)~

~part time (8-64 hrs/mo)~

~full time (64+ hrs/mo)~

Usage Requirements – Circle One of Each

Liability Insurance

~completed~

~in process~

Business License

~completed~

~in process~

Food License

~completed~

~in process~

ServSafe Certification

~completed~

~in process~

