

Kitchen Rental Application

Name:	Date:
Phone Number:	Email Address:
Mailing Address:	
Business Name:	# of Years in Business:
☐ Sole Proprietor ☐ Partnership ☐ LLC	☐ Corporation☐ Other
Website:	_ Facebook:
Type of Sales: Wholesale Retail Mo	bile Caterer Online Other
Briefly describe your business and products:	
Please describe any previous commercial food	l experience:
Have you ever worked in a Shared Commercial	Kitchen Facility: No Yes, Location:
dea of kitchen usage and schedule:	
Monthly Membership Tier: Startup (10-40 hours @\$20/hr) Launched (41-99 hours @\$15/hr) Anchor (100+ hours @\$10/hr)	
Number of Employees: Names: _	
Are you ServSafe certified: \Bo \Bo Yes Ho	ow did you hear about us: