



# Kitchen Creations Rental Application

## Contact Information

(Business) Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Home Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Product: \_\_\_\_\_

Preferred Days/Times: \_\_\_\_\_

Number of Kitchen Hours/Week Needed: \_\_\_\_\_

Storage Needs: **Y / N**      **Dry**    **Cold**    **Freezer**

## Additional Contact / Kitchen Partner

Is there anyone else you will be working with? **Y / N**      Contact Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Experience

What experience do you have working in a commercial kitchen?  
 \_\_\_\_\_

How did you hear about us?  
 \_\_\_\_\_

## Insurance Information

Do you have Insurance? **Y / N**      Agent Phone: \_\_\_\_\_

Name of Agent: \_\_\_\_\_      Agent's Email: \_\_\_\_\_

## Paperwork Checklist

- Complete Application
- Food Handlers Card (for all working in Kitchen Creations)
- Insurance, naming *Kitchen Creations* and *Trott Properties, GP* as additional insured
- Copy of Commisary Form for Health Department
- \$20 Key Deposit (non-refundable)

I, \_\_\_\_\_ **agree all the above information is true and accurate:**

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_