

# MY FOODIE KITCHEN

## TENANT APPLICATION

### CONTACT INFORMATION

Business Name: \_\_\_\_\_ Type of Product: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Days: \_\_\_\_\_  
\_\_\_\_\_ Times: \_\_\_\_\_  
Business Website: \_\_\_\_\_ No. of Kitchen Hours/Week: \_\_\_\_\_  
Storage Need: **Y/N** Dry Cold Freezer Cage  
Name of Primary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position of Primary Contact: \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Home Address of Primary Contact: \_\_\_\_\_ *(This will be your Login Email)*  
\_\_\_\_\_  
Name of Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship with Emergency Contact \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### SECURITY INFORMATION OF PRIMARY CONTACT

Driver's License Number: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_  
State: \_\_\_\_\_

### ADDITIONAL CONTACT INFORMATION

Is there anyone else you will be working with? **Y/N**

Name of Secondary Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### REFERENCES

|              | <u>Name</u> | <u>Phone #</u> | <u>Relationship</u> |
|--------------|-------------|----------------|---------------------|
| Reference 1: | _____       | _____          | _____               |
| Reference 2: | _____       | _____          | _____               |
| Reference 3: | _____       | _____          | _____               |

### EXPERIENCE

1. What experience do you have working in a commercial Kitchen? \_\_\_\_\_  
\_\_\_\_\_
2. How long have you been in business? \_\_\_\_\_
3. Is there anything else you would like us to share with us? \_\_\_\_\_
4. How did you hear about us? \_\_\_\_\_

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## TENANT APPLICATION (CONT.)

### INSURANCE INFORMATION

Have you procured your Insurance? **Y/ N**

Name of Insurance Agent: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

### PAPERWORK

*(Our Manager will talk through this process)*

1. \_\_\_ Application Fee
2. \_\_\_ Completed Application
3. \_\_\_ \$300 Security Deposit
4. \_\_\_ First month's rent
5. \_\_\_ Insurance, naming My Foodie Kitchen as additional insured
6. \_\_\_ ServSafe Manager Certificate
7. \_\_\_ Food Handlers Card (for all working in My Foodie Kitchen to assist you in kitchen)
8. \_\_\_ Logo for My Foodie Kitchen website
9. \_\_\_ Schedule
10. \_\_\_ Commissary Form for Health Department
11. \_\_\_ Additional Information for Health Department: Menu, Operating Procedure, Storage and schedule
12. \_\_\_ Copy of Driver's License
13. \_\_\_ Copy of Credit Card for file

### Please initial the following:

I agree all the above information is true and correct. \_\_\_\_\_

I have read the entire client package and agree to abide by all rules and clean-up procedures. \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date