



Commercial Kitchen Rental Application

Producer Information

Name	
Business Name	
Phone Number	
Email Address	
Address	
County of Residence	

Do you currently have a valid Micro-processing License? Yes _____ No _____

Are you interested in taking a Micro-processing class? Yes _____ No _____

Have you attended the Better Process Control School? Yes _____ No _____

Briefly describe the Food Products you plan to prepare in the Commercial Kitchen

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

What equipment do you require to prepare your product? Please be specific.

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Please Note: Applicants that need to use specific equipment not provided by the Commercial Kitchen will be able to store specialty equipment on a space available basis. If the kitchen manager deems there is not enough room to safely store the equipment, it must be removed after each use.

Also note the kitchen and all said equipment must be cleaned and in the same state as it was before use. Failure to do so will result in a cleaning and maintenance fine. Applicant will not be allowed to use the facility until the fine is paid.

I understand, will abide by and agree with this policy. Please initial _____

Scheduling

What day(s)/hours do you wish to use the commercial kitchen? Please check all that apply. This information will be used for initial scheduling. On-going scheduling of time will be done on a month-by-month basis.

	From	To	Notes
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday			

In addition to the above, please list any holidays or special events that you would like to use the Community Kitchen:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

At what stage are you in the development of your product?

- Brainstorming and Planning _____
- Have a recipe and product and need help with next steps _____
- Have product and labels, just need a facility _____

Each applicant is required to procure and maintain for the duration of the Agreement, insurance against claims for injury and/or damage to property. The Community Kitchen will require a copy of the general liability insurance at the time the rental agreement is signed. In addition to the liability insurance the applicant will also provide proof of all licenses and certifications required for use of the kitchen.

The rental rate is \$20 per hour and will be paid for in 6, 12 or 18 hour blocks of time for the month. If additional hours are needed during the month the renter will have the option to purchase additional hours.

Once the applicants application has been reviewed and approved they will then be provided with the Rental Agreement. Please allow 7 days for application review and acceptance.

Applicant's Signature _____ Date _____

Internal Use Only:	
Application Received _____	Approved Signature _____
Reviewed Date _____	Approved Date _____