



Date:

## Application for Kitchen Use

Official Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Shared Kitchen Licensee: \_\_\_\_\_

Illinois IBT # (Or other state tax ID): \_\_\_\_\_

Principal Address: \_\_\_\_\_

\_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Website: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (Type): \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Expiration of coverage: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

# Business Background & Needs

Primary menu items: \_\_\_\_\_

\_\_\_\_\_ Culinary Business Experience (# of years): \_\_\_\_\_

List previous restaurants: \_\_\_\_\_

\_\_\_\_\_

Locations: \_\_\_\_\_

\_\_\_\_\_

Culinary School Graduate?  YES  NO If so, where? \_\_\_\_\_

Desired Schedule:

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Estimated Start							
Estimated Stop							

Estimated Weekly Hours: \_\_\_\_\_ Estimated Monthly Hours: \_\_\_\_\_

\_\_\_\_\_

Additional Info:

Appliance Needs (Note: Rental rates includes two appliances & two prep tables. Additional appliances are \$10 ea. per hour [include 1 prep table]):

- Convection Oven     6 Burner range     Char-Broiler     Fryer

\_\_\_\_\_

Storage Needs:

- Cooler     Freezer     Dock dry storage