

Shared Spoon Commercial Kitchen Rental Application

Personal and Business Information

NAME: _____
PARTNER / SECOND NAME: _____
BUSINESS NAME: _____
BUSINESS LICENSE(s) (Agency/No.): _____

TYPE OF PRODUCT: _____

Contact Information

Main Contact Number: _____
Secondary Contact Number: _____
Fax Number: _____
Address: _____

Email address: _____
Business Website: _____

Security Information

Driver's License #: _____

Driver's License State: _____

Date of Expiration: _____

References

Reference 1 Name:

Reference 1 Phone Number: _____

Reference 1 Relationship:

Reference 2 Name:

Reference 2 Phone Number: _____

Reference 2 Relationship:

Reference 3 Name:

Reference 3 Phone Number: _____

Reference 3 Relationship:

Kitchen Usage Estimate (circle one)

[One Time (min 3 hrs)]

[Multiples (4– 64 hours per month)]

[Recurring (12+ hours per monthly)]

Usage Requirements

Insurance (circle one): (Complete) (In process of procuring)

Food Handler's Certificate (circle one): (Complete) (In process procuring)

Dates/Times Requested:

Other:

How did you find us?

Please fax your completed application to 707.864.2879