

# Kitchen Application

Please Print

Date \_\_\_\_\_

First / Last Name \_\_\_\_\_

Business \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / ZIP \_\_\_\_\_

Website \_\_\_\_\_

Social Media

FB: \_\_\_\_\_

T: \_\_\_\_\_

IG: \_\_\_\_\_

Type of products to  
be made or sold

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product Category  
(check all that apply)

- Baking       Prepared Meals       Truck/Cart/Mobile       Dry Goods  
 Wholesale       Specialty Food       Specialty Food       Pickled/Acidic  
 Other (please specify \_\_\_\_\_)

Check all that apply:

- I have professional culinary training \_\_\_\_\_  
School \_\_\_\_\_  
 I have professional cooking experience  
 I have used a shared commercial kitchen before

## Type of Business

- |   |                          |       |
|---|--------------------------|-------|
| <input type="checkbox"/> Sole proprietorship    | Total years in operation | _____ |
| <input type="checkbox"/> Partnership            | Total years in operation | _____ |
| <input type="checkbox"/> Limited Liability Co   | Total years in operation | _____ |
| <input type="checkbox"/> Corporation            | Total years in operation | _____ |
| <input type="checkbox"/> Cooperative            | Total years in operation | _____ |
| <input type="checkbox"/> Non-Profit / 501c3     | Total years in operation | _____ |
| <input type="checkbox"/> Other (please specify) | Total years in operation | _____ |

DBA / Assumed Name \_\_\_\_\_

**Indicate day(s) and time(s) you are interested in reserving:**

Day / Date	Start Time	End Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly and recurring rentals are given priority for regular bookings. New and one-time or occasional reservations are available on a first come, first served basis.

**Please list all individuals who will be working in the kitchen (including yourself):**

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____
Estimated number of people who will work at any given time			_____

Please note, each person who works in the kitchen will need to agree to all guidelines and kitchen policies and will need to attend an orientation and safety overview.

**I will require (check all that apply):**

- Dry Storage (at an additional cost)
- Refrigerated Storage (at an additional cost)
- Freezer Storage (at an additional cost)
- Department of Agriculture permitting
- Health Department permitting
- Sourcing assistance
- Recipe scaling assistance
- Other assistance, please list \_\_\_\_\_

**Please provide at least 3 professional references:**

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____

Insurance  
Company/Agency  
(General Liability) \_\_\_\_\_  
Insurance Agent \_\_\_\_\_  
Insurance Agent \_\_\_\_\_  
Phone \_\_\_\_\_

**Attach the following documents (or copies of):**

- Current business license from the State of Tennessee
- Current business license from Shelby County (some exceptions)
- General and Product Liability Insurance (\$1 million) and certificate of insurance naming Church Health Center of Memphis, Inc. as an additional insured
- Proof of Workers' Compensation Insurance (for companies with 5 or more employees)
- Health Department Permit and/or Department of Agriculture Permit from prior location (if applicable)
- ServSafe Certification or Shelby County Health Department Food Handling completion

Your signature indicates that the above information is complete and accurate.

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Church Health**  
care for one another

**Mail or bring completed application and necessary attachments to:  
Kitchen Operations Manager, Church Health, 1350 Concourse Ave, Ste 142,  
Memphis, TN 38104**

**For any questions, email [nutrition@churchhealth.org](mailto:nutrition@churchhealth.org)**