



## Kitchen Client Application

(Please Print)

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

### What food item(s) will you be producing?

- |          |          |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |

### What equipment will you need to prepare your food product? (Please check each needed item.)

- |                            |                                 |
|----------------------------|---------------------------------|
| a. ___ Standard Range/oven | h. ___ Meat Slicer              |
| b. ___ Commercial Mixer    | i. ___ Stainless Steel Table(s) |
| c. ___ Walk-in Cooler      | j. ___ Food Processor           |
| d. ___ Walk-in Freezer     | k. ___ Storage Unit             |
| e. ___ Reach-in Cooler     | l. ___                          |
| f. ___ Reach-in Freezer    | m. Other: _____                 |
| g. ___ Convection Oven     | n. Other: _____                 |

**How many hours per month will you use the kitchen?** \_\_\_\_ /month

### What time of day will you need the facility?

- AM                                       PM                                       late PM/early AM

**How many employees do you have (including you)?** \_\_\_\_ (Please list employee names on reverse.)

Complete and return this form along with application fee to: **Delaware Kitchen Share, 62 Southgate Boulevard, Suite N, New Castle, DE 19720.** (Application fee is non-refundable. Please make bank check or money order payable to **Delaware Kitchen Share.** Cash or credit card also accepted.)

**Please PRINT first and last name of all employees entering the kitchen besides you.**

1) \_\_\_\_\_

5) \_\_\_\_\_

2) \_\_\_\_\_

6) \_\_\_\_\_

3) \_\_\_\_\_

7) \_\_\_\_\_

4) \_\_\_\_\_

8) \_\_\_\_\_