Tenant Application

Business Name:		Type of product:
Business Address:		
Business Website:		Days/Times:
Primary Contact's Name:		Number of kitchen hours per week:
Primary Contact's Position:		
Primary Contact's Phone:		Storage:
Primary Contact's Email Address:		
Primary Contact's Home Address:		
Security Information		
Driver's License Number:		
Date of Expiration:		
State:		
Additional Contact Information: Is there anyone else we will be working with	n? Please inclu	de phone numbers and emails.
Secondary Contact's Name and Relation:		
Second Contact's Phone: Second Contact's Email:		
D. C.		
References	Dhana	Dolotionahim
Reference 1 Name: Reference 2 Name:	Phone: Phone:	Relationship:
Reference 3 Name:	Phone:	Relationship: Relationship:
Reference 5 Name:	Phone:	Relationship:
Experience		
_	ıch support yo	ou will need. We understand this may be your first ti
in a commercial kitchen, and that's fine!		

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- 1. What experience do you have working in a commercial kitchen?
- 2. How long have you been in business?
- Do you have any special needs?
- Is there anything else you would like to let us know?
- Have you contacted us before? 5.
- How did you hear about us?

Paperwork

Our Ma	nager will talk you th	rough this process, so don't v	worry!	
1.	Application and	\$35 application fee.		
2.	Security Deposit	a. \$500 for (1-50 hours). \$1,0	000 for over 50 hours.	
3.	First month's rea	nt.		
4.	Insurance, nami	ng Blackberry LLC as additio	onal insured.	
5.	Serve Safe Certif	icate.		
6.	Logo for Goodlar	nd Kitchen website.		
7.	Schedule.			
8.	Commissary form	m for Health Department.		
9.	Additional info fo	or Health Department: men	nu, operating procedure, storage, and schedu	le.
Please i	initial the following:			
_		ormation is true and correct package and agree to abide	eteby all rules and clean-up procedures	
Applica	nt Signature	Applicant Name	Date	