

Rental Application

Per	sonal and Business Information
	Name:
	Partner / Second Name:
	Business Name:
	Type of Product:
Cor	ntact Information
	Main Contact Number:
	Secondary Contact Number:
	Fax Number:
	Address:
	Email address:
	Business Website:
Sec	urity Information
	Driver's License #:
	Driver's License State:
	Date of Expiration:

Business References

Reference 1 Name:	Reference 1 Name:				
Reference 1 Phone Number	Reference 1 Phone Number:				
Reference 1 Relationship: _	Reference 1 Relationship:				
Reference 2 Name:	Reference 2 Name:				
Reference 2 Phone Number	Reference 2 Phone Number:				
Reference 2 Relationship: _	Reference 2 Relationship:				
Reference 3 Name:	Reference 3 Name:				
Reference 3 Phone Number	Reference 3 Phone Number:				
Reference 3 Relationship: _	Reference 3 Relationship:				
Kitchen Usage (check one) ☐ One Time (min 8 hrs) ☐ Part Time (8 – 64 hours per month) ☐ Full Time (64+ hours per month)]					
Usage Requirements					
Insurance (check one):		☐ Complete	☐ In process of procuring		
Food Handler's Certificate	(check one):	☐ Complete	☐ In process of procuring		
Other:					
How did you find us?					

Email completed form to: dougandjudy@foothillkitchens.com