



Chef's Kitchens

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Office: (310) 837-8900

Fax: (310) 459-3618

Rental Application

Personal and Business Information

NAME: _____

PARTNER / SECOND NAME: _____

BUSINESS NAME: _____

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: _____

7

Kitchen Usage (circle one)

[One Time (min 8 hrs)]

[Part Time (8 – 64 hours per month)]

[Full Time (64+ hours per month)]

Usage Requirements

Insurance (circle one):

[Complete]

[In process of procuring]

Food Handler's Certificate (circle one):

[Complete]

[In process of procuring]

Other:

How did you find us? _____

Please fax your completed application to (310) 459-3618.