

open kitchen

a total culinary experience

Chef's Timeshare Kitchens Application

This Application is subject to Open Kitchen's "Getting Started" requirements

Please Print:

Name: _____ Main Contact Number: _____

Partner/Second Name: _____ Secondary Number: _____

Business Name: _____ Fax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Business Website: _____

This Application is for the following Category 1 Activities:

This Application is for the Category 2 Food Product Group described below:

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: _____

Fax 888-433-0819 ~ e-mail: info@openkitchen-dcmetro.com ~ www.openkitchen-dcmetro.com
7115 Leesburg Pike ~ Falls Church, VA 22043 ~ 703-942-8148

Security Information

Driver's License # _____

Driver's License State: _____ Date of Expiration: _____

Credit Card Information:

Name on Card: _____

Billing Address: _____

(if different from above)

Card Number: _____

Exp Date: _____ Security Code: _____

I hereby authorize Open Kitchen to automatically bill this credit card for all fees listed in the Pricing Menu & Requirements and any incidental charges described in the Policy Handbook, if incurred.

Signature _____

Date _____

I consent to the following:

Authorization for Criminal Background Check

Authorization for Professional Reference Check

I have enclosed the following documents:

Northern Virginia Certified Food Manager Card(CFM) – Expires _____

Processing Fee of \$75.00 Check # _____ mailed to 7115 Leesburg Pike, #107, Falls Church, VA 22043

I understand that I must comply with all of Open Kitchen's "Getting Started" Requirements

<http://openkitchen-dcmetro.com/chefstimesharekitchens/getting-started/> (which are incorporated into this Chef's Timeshare Kitchens Application) as a condition of the approval for my application:

FCHD Permit to Operate a Food Service Establishment
(requirement for Caters, Personal Chefs, and Meal Preparation/Delivery Operation Clients)

VDACS Initial Inspection Report
(requirement for Specialty Food Producers and Bakers)

Insurance Policy _____
Company Name Expires Amount

Pre-Approval Review Processing Fee of \$100 Check # _____ mailed to 7115 Leesburg Pike, #107, Falls Church, VA 22043

Signed Kitchen Operating Agreement Signed Kitchen Policy Manual (I will receive your signed copy of the Operating Agreement after the application process is complete at the time my Client ID Code is issued)

Basic Deposit Fee of \$750.00 Check # _____ mailed to 7115 Leesburg Pike, #107, Falls Church, VA 22043

Signature _____ Date: _____

Office Use Only

Client ID Code: _____

Date attended 1-HR Commencement Session

Documents received and verified by: _____

Base of Operations Approval Letter email to _____ on _____

Application approved by: _____ Date Approved: _____

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