

DER Kitchen, LLC

Kitchen Usage Application

General Information

Name: _____

Main Contact Number: _____

Partner/Second Name: _____

Secondary Number: _____

Business Name: _____

Business EIN: _____

Number of Employees: _____

Name(s), Date of Birth and Social Security Numbers of any anticipated food preparers:

Fax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Business Website: <http://www.>_____

Describe your business:

Have you read, and do you understand all of the State and Local regulations for food service operation? Yes____ No____

References:

Reference 1 Name: _____

Reference 1 Phone Number: _____

Reference 1 Relationship: _____

Reference 2 Name: _____

Reference 2 Phone Number: _____

Reference 2 Relationship: _____

Security Information:

Driver's License #: _____ Driver's License State: _____

Date of Expiration: _____ Date of Birth: _____

Social Security Number: _____

What Are You Cooking?

Tell us what kind of food or food service you intend to prepare using DER Kitchen:

Would you predominately using the catering kitchen (6 burner range/stove, fryer, prep sink and tables):

Would you predominately using the baking kitchen (double stack convection over, proofer, mixer and maple top preparation table:

Do you plan any operations that the SC Department of Agriculture would consider a Food Processor? If so, please describe:

What days of the week and times of the day do you anticipate using the kitchen:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What are the estimated total hours per month?

Payment Information:

Will you be making payments via cash, credit card or check?

Name of Bank for Checking Account:

Checking Account Number:

Number of Years with Account:

Name of Credit Card and Bank:

Billing Address: _____

(if different from above) _____

Card Number: _____

Exp Date: _____ Security Code: _____

*All credit and personal information is collected for these express purposes and will be shared with no other entity unless ordered by a court.

- ❖ I hereby consent to the following: _____ (initials here)
 - Authorization for Criminal Background Check
 - Authorization for Professional Reference Check
 - Authorization for Credit Check

Along with this application, you will need to provide the following:

- Check or credit card payment in the amount of \$75 made payable to DER Kitchen LLC to cover the costs associated with the application process.
- Proof of Insurance General Liability policy (Form: ISO CG0001) with \$2 Million in cover along with rider or endorsement that identifies DER Kitchen LLC as additional insured.
- Proof of Workers Compensation (**if applicable**) or Written Representation of the Owners Exempt Status.
- ServSafe™ certification (**if you have one**)
- SCDHEC Mobile Food Vendor permit (for Food Carts, Trailers and Trucks) (**if applicable**).
- You will get your Columbia Business License AFTER you sign the User Agreement with the kitchen so DO NOT waste your time going down there before you complete the application and come in to sign the agreement.

DER Kitchen will only use the information provided for the purposes outlined in the application (criminal and credit check).

I understand that I must comply with all of DER Kitchen’s “Getting Started” requirements, which are incorporated into this Kitchen Usage Application as a condition of the approval for my application:

Signature: _____

Date: _____

Office Use Only:

Client ID Code: _____

Training Date: _____

Documents received and verified by:

_____ on
Base of Operations Approval Letter email to _____

Application approved by: _____ Date:
