



# Foodworks Culinary Center

100 Ericson Court Arcata, CA 95521 (707) 822-5955



## Foodworks Culinary Center Application to Rent

Date: \_\_\_\_\_

Please check which spaces you are interested in renting:

- Rental Kitchen   
  Kitchen Unit   
  Warehouse   
  Freezer   
  Cooler

### PERSONAL INFORMATION

Primary Contact Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Primary Contact's Position: \_\_\_\_\_

Primary Contact's Personal Address: \_\_\_\_\_

Secondary Contact Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_ Secondary Contact Email: \_\_\_\_\_

Secondary Contact's Position: \_\_\_\_\_

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model and Year: \_\_\_\_\_ Vehicle License Number: \_\_\_\_\_

Website: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Referred by: \_\_\_\_\_

Business Status:  Pre-Venture  New (first year)  Existing, \_\_\_\_\_ yrs./mos. in operation

Describe your business and/or product you will make here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Employees: \_\_\_\_\_

Anticipated number of hours needed per week or month (for Rental Kitchen): \_\_\_\_\_

Anticipated amount of space in warehouse needed: \_\_\_\_\_

Anticipated amount of space in freezer/cooler needed: \_\_\_\_\_

#### REFERENCES

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Primary Contact Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Primary Contact Phone: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

Primary Contact's Address: \_\_\_\_\_

\_\_\_\_\_

Secondary Contact Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Secondary Contact Phone: \_\_\_\_\_ Secondary Contact Email: \_\_\_\_\_

Secondary Contact's Address: \_\_\_\_\_

\_\_\_\_\_