



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

Foodworks Community Rental Kitchen Single-Day Permit Application

Facility Use Date(s): _____

Facility Use Duration: _____

Facility Use Time(s): _____

Individual/Organization Name: _____

Address: _____

City: _____ Zip: _____

Phone Number(s): Work/Home: _____

Cell: _____

Email: _____

Amenities Needed (please circle): | Dry Storage | Freezer | Cooler | Community Rental Kitchen |

I/We have read the Foodworks Rental Kitchen Rules and Foodworks Operating Policies and Procedures; and agree to meet the conditions and policies for facility use as described in this application and agree to pay the total amount due prior to the event.

Print Name: _____

Signature of Applicant/Representative: _____

For City of Arcata Use

Deposit Due: _____

Insurance Submitted Date: _____

Deposit Paid Date: _____

Rental Fees Due: \$ _____

Receipt #: _____

Date Approved: _____

Signature of Approval: _____