



7845 Airpark Road, Suite E
Gaithersburg, MD. 20879
Telephone: 301-340-2800
Fax: 888-349-1174

Application For Kitchen Rental

General Information

Primary Contact Name

Business Name

Primary Contact's Position

Primary Contact's Cell Phone

Primary Contact's Alt Phone

Primary Contact's Email

Type of Product or Service your specialize in*

SECONDARY Contact Information

Secondary Contact Name

Secondary Contact's Cell

Secondary Contact's Email

Additional Contact Information

Is there anyone else we will be working with?

Additional Contact's Name

Additional Contact's Cell

Additional Contact's Email

Business Address with City, State and Zip Code

Personal Address (if different) with City, State and Zip Code

Business Website (if available)

[Continued...]

Security Information for each user

Include Primary, Secondary and any Alternate Users:

Name	Driver's License Number	State	Date of Expiration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

References

_____	_____	_____
Reference #1 Name	Phone Number	Relationship
_____	_____	_____
Reference #2 Name	Phone Number	Relationship
_____	_____	_____
Reference #3 Name	Phone Number	Relationship

Kitchen Usage Questions

Kitchen Usage: Less Than 16 Hours per Month Minimum 16 Hours per Month
 30-79 Hours Per Month 80+ Hours Per Month

Insurance: Yes No In Process

If yes, please email a copy of your insurance to info@ghostkitchenrentals.com

Food Protection Manager Certificate: Complete (Please Submit) In Process of Procuring

Experience

This section will help us understand how much supervision you will need.

We understand this may be your first time in a commercial kitchen, and that's fine!

What experience do you have working in a commercial kitchen?

How long have you been in business?

Any additional questions and/or special needs?