

## Onboarding Questionnaire and Checklist

**What is the name of the main chef that will be doing the cooking?** Please provide contact information.

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**Does this person have professional food experience?**  Yes  No

**Are you comfortable operating commercial kitchen equipment?**  Yes  No

**Are you comfortable cleaning and maintaining commercial kitchen equipment?**  Yes  No

**Please outline your products and/or services you will be providing:**

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**What are your anticipated monthly kitchen use hours for now?** \_\_\_\_\_

We understand your monthly kitchen hours will vary. Please estimate.

**Please give us information about your schedule.** General info only. We understand your schedules vary.

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**Which Kitchen would you be more likely to operate in:**

"D" Small Production Kitchen       "D" Large Commercial Kitchen       "E" Cold Kitchen

**Are you flexible in your hours?**  Yes  No

**What equipment will you be using?** \_\_\_\_\_

**What is the maximum number of employees using the kitchen at one given time?** \_\_\_\_\_

**What storage needs will you be needing?** Please describe dimensions if possible.

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**What kind of equipment commercial kitchen will you be bringing in?**

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**Have you ever worked in a community kitchen or a shared-use space before?**  Yes  No

**What are your short-term goals?** \_\_\_\_\_

**What are your long- term goals?** \_\_\_\_\_

[ Continued... ]

### Documentation Required

- Copy of Driver's License or picture ID
- Copy of your Food Protection Manager Certificate
- Proof of general liability insurance
- Proof of workers compensation insurance

You must have a Food Protection Manager Certificate to see the kitchen. The remaining information can be given to us later or before you use the kitchen.

I understand that this application does not imply acceptance into our Ghost Kitchen Rental, or acceptance as a commercial user. I also verify that the information provided is complete and accurate to the best of my knowledge.

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Print Name

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Signature

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Date