

Date: _____

Renegade Kitchens – Tenant Application

Application Fee: \$25

Name: _____

Business Name: _____

Phone: _____

Fax: _____

Email: _____

Address: _____

Driver's License No.: _____ State: _____ Expiration: _____

Type of Business/Products: _____

Do you have liability insurance? Yes No

If not, will you have an active policy before your first session? Yes No

Note: you will need to add Renegade Kitchens as an "Additional Insured."

Do you & all your employees have current food handler certificates? Yes No

If not, will you have all required permits before you first session? Yes No

Estimated Monthly Usage:

Single Use Occasional (0-15 hrs/mo)

Part-Time (15-45 hrs/mo) Full-Time (45+ hr/mo)

Do you have experience working in a commercial or industrial kitchen? Yes No

Would you like us to display your name & logo on our website? Yes No

Would you like to sell your products through our retail storefront? Yes No

Will you need or want assistance filing for licensure from Marion County or the Oregon Dept. of Agriculture? Yes No

Are you interested in buying from local producers/farmers when available?
 Yes No

Are you interested in sharing food costs with other Renegade Kitchens tenants?
 Yes No

Personal Reference/Emergency Contact:

Name: _____

Phone: _____

Professional Reference:

Name: _____

Phone: _____

Call to schedule appointment: 503-385-1909

Send by email: admin@renegadekitchens.com

Send by fax: 503-991-5422

Walk it in: 2550 19th St. SE, Salem, OR 97302