



John Ford Community Kitchen User Application

Date: _____

___ Please check if your information has changed since last application period.

Contact Information

Full Name: _____

Organization/Business Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Business Number () ____-____ Cell Number () ____-____ Email: _____

If you would like to receive email promotions from the Recreation Department, please check here

Business Information:

Business Type: __Sole Proprietorship __Partnership or LLC __Corporation __Non-Profit __Other

In this calendar year, how many employees do you plan on having, besides the business owner(s)?

Full-time _____ Part-time _____ None _____ Don't Know _____

Please **check all the categories** that apply to you or your products produced at JFCK.

__Caterer/personal chef

__Baked goods (breads, cakes, pies, etc...)

__Specialty food producer (frozen, bottled/canned, refrigerated, etc...)

__Natural-herbal food producer (teas, spice, mixtures, etc...)

__Other, Describe: _____

Please provide description of products to be produce at JFCK.

Do any of your products require a scheduled process? Check one: ___Yes ___No ___Don't Know

Do you have Product Liability Insurance? ___Yes ___No

Name of Insurance Company: _____ Coverage Date: _____

Do you have ServSafe Certification? ___Yes ___No

Please Return to: Recreation Office at John Ford Community Center
304 Agnes St. Suite 101, St. Matthews, S.C. 29135
803.655.7514