

# Jax Kitchen

*Where caterers come to cook.*

## General Information

Date Toured Jax Kitchen: \_\_\_\_\_ **Business Name:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Division of Hotels and Restaurants (DBPR HR-7007):** Cater / Mobile Food Vehicle / Manufacturing / Catering w/ License / Hot Dog Cart / Vending Machine

**Florida Department of Agriculture and Consumer Services (FDACS-14306):** Packaged products sells directly to consumer or other businesses

**Registration Fees** (scheduling program access and building, alarm access after initial inspection)  
\$75.00 plus tax \$80.25

### Monthly Rental Fees

Minimum of 10 Hours last month payment      \$205.00 plus tax \$219.35      **Total \$299.60**

Food Trucks Minimum of last month payment      \$120.00 plus tax \$128.40      **Total \$208.65**

### Storage Fees

Dry Storage: \_\_\_\_\_ Freezer Storage: \_\_\_\_\_ Refrigerator Storage: \_\_\_\_\_

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**I understand that the fees paid are non-refundable.** *Initial* \_\_\_\_\_

**Contract Date** starts the day you are licensed. First month's fee will be due that day. All contracts are month to month. Client may carry-forward a maximum of ten unused hours to the next month. Monthly contract payment is due on **Contract Date**, a late fee of \$20.00 is charged if payment is not received in 5 days from **Contract Date**. *Initial* \_\_\_\_\_

Non-payment of monthly contract after 20 days causes the client's access codes and key fob to be disabled. Additionally, non-payment of the minimum monthly contract fee will terminate Client's use of Jax Kitchen and require a new registration and payment of unpaid monthly fees. *Initial* \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Cash (obtain receipt), Check #: \_\_\_\_\_, CC \_\_\_\_\_

Items needed prior to usage of Jax Kitchen: Insurance Certificate, Food Safety Manager Certificate, License, First Month Payment.

All **First Time Licensing Inspections** need to be scheduled during Jax Kitchen staff hours: Monday - Friday 9-3. You must inform Jax Kitchen staff of inspection appointments. *Initial* \_\_\_\_\_

Client Signature \_\_\_\_\_ Staff Signature \_\_\_\_\_