

# Jax Kitchen

## New Client Application

Date: \_\_\_\_\_

Business Name (legal): \_\_\_\_\_ **Business Name d/b/a** \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_, City \_\_\_\_\_, Zip \_\_\_\_\_

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

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

**Email** \_\_\_\_\_ **Company Website** \_\_\_\_\_

### **Authorized Key Holders:**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe what you will be using Jax Kitchen for:

\_\_\_\_\_  
\_\_\_\_\_

Approximate hour usage per month \_\_\_\_\_

Date: \_\_\_\_\_ Received Insurance Certificate \$100K with Jax Kitchen listed as Cert. Holder

Date: \_\_\_\_\_ Licensed by Department of \_\_\_\_\_ Make copy of License \_\_\_\_\_

Date: \_\_\_\_\_ Payment of 1st Month Rent Food MGR Cert \_\_\_\_\_

**\*Items listed above required to be complete prior to Fob & Safe Touch Security given to client**

### **\*Received Fob**

Received by: \_\_\_\_\_ Trained by: \_\_\_\_\_

**\*Received Safe Touch Security Code** \_\_\_\_\_

Received by: \_\_\_\_\_ Trained by: \_\_\_\_\_