



Date: _____

Application for Kitchen & Commissary Clients

Official Business Name: _____

DBA: _____

Shared Kitchen Licensee: _____

Illinois IBT # (Or other state tax ID): _____

Principal Address: _____

Primary Contact: _____

Business Phone: _____ Mobile Phone: _____

Email: _____

Website: _____

Emergency Contact: _____ Relationship: _____

Phone # (Type): _____ Secondary Number: _____

Insurance Agent: _____

Expiration of coverage: _____ Phone #: _____

Email: _____

Business Background & Needs

Questions? info@chicagosmokekitchen.com or 773-354-5871

Primary menu items: _____

_____ Culinary Business Experience (# of years): _____

List previous restaurants: _____

Locations: _____

Culinary School Graduate? YES NO If so, where? _____

Desired Schedule:

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Estimated Start							
Estimated Stop							

Estimated Weekly Hours: _____ Estimated Monthly Hours: _____

Additional Info: _____

Appliance Needs (Note: \$24 per hour includes two appliances & two prep tables. Additional appliances are \$12 ea. per hour [include 1 prep table]):

Convection Oven

6 Burner w/ Salamander

Char-Broiler

Tilt Braiser

Storage Needs:

Walk-in Cooler

Walk-in Freezer

Dock dry storage