



Kitchen 242 Application

Date: _____

Business: _____

Primary Contact Name: _____

Alternate Contact Name: _____

Emergency Contact Name and Number _____

Address: _____

City: _____ **County** _____ **State:** _____ **Zip code:** _____

Types of products to be made or sold: _____

E-mail: _____

Phone: _____ **Cell:** _____ **Fax:** _____

Website: _____

Insurance agent (General Liability) _____ **Phone:** _____

Please list ALL individuals who will be your onsite operators (include yourself):

Please provide name and phone number for each individual.

Name _____ **Cell Phone** _____

Name _____ **Cell Phone** _____

Name _____ **Cell Phone** _____

Name _____ **Cell Phone** _____



Product Category (Check all that apply)

- Baking Confectionery/Chocolate
- Specialty food producer Pop-Up Mobile Food
- Dairy/Eggs Jams/Jellies Dry goods processing
- Other (please specify) _____

Type of Business, Business License / DBA

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Sole Proprietorship | Total years of operation _____ |
| <input type="checkbox"/> Assumed Name | Total years of operation _____ |
| <input type="checkbox"/> Partnership | Total years of operation _____ |
| <input type="checkbox"/> Limited Liability Company | Total years of operation _____ |
| <input type="checkbox"/> Corporation | Total years of operation _____ |
| <input type="checkbox"/> Cooperative | Total years of operation _____ |
| <input type="checkbox"/> Non-Profit 501c3# | Total years of operation _____ |
| <input type="checkbox"/> Other (specify) _____ | Total years of operation _____ |

Please ATTACH your current food business license.

Please ATTACH your Serve Safe® certification. If you need more information about ServSafe, please refer to the Kitchen Handbook.

Please ATTACH your insurance form naming the City of Muskegon as additionally insured.

Please indicate the date(s) and time(s) you wish to reserve

Date	Start time	End time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Monthly rentals are given priority for regular bookings allowing long term tenants to plan ahead.

New reservations are available on a first come first serve basis.

Please check the box that best describes your operation:

- I wish to make a product in the kitchen for immediate sale to the public from the kitchen or Farmers Market.
- I wish to make a product in the kitchen which will be sold at a later date and/or through multiple outlets.
- We will not be selling our product to the public. It is being made for a private party.

Attach additional sheet if necessary to explain.

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

List below the license and inspection numbers required for the operation of your business and/or sale of your products, and any other license, registration, certification, or permit required by local, state, or federal law.

Michigan sales tax license number: _____

Organic certification license number: _____

Other relevant license number: _____

Other relevant inspection numbers: _____

Provide copies of all current and valid licenses, registrations, certifications, or permits with your application.

If you are not sure what type of licenses may be required, please contact Public Health – Muskegon County at 231-724-4406 or visit www.muskegonhealth.net. Additional information is also available from the Michigan Department of Agriculture. Visit www.michigan.gov/mdard/0,4610,7-125-1569_16958_16974-11873--,00.html

SIGNATURE



Vendor's signature verifies that the above information is complete and correct. The vendor has read, understands, and agrees to all provisions in the Kitchen 242 rules. The Kitchen 242 rules can be accessed in the market office or online.

Signature: _____ Date _____

Print Name: _____

FOR OFFICE USE ONLY

Date Received:

Notes:

RETURN COMPLETED FORM
with all required documents
TO: KITCHEN 242
242 W. Western Avenue
Muskegon, MI 49440
Or scan all documents and e-mail to
kitchen242@shorelinecity.com
(231) 769-2202