

Personal Information

Name _____

Business Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Emergency Contact _____

Emergency Phone _____

Requirements Check List

- Provide Photo ID and Credit Card on File
- Oregon Food Handler’s Certification (*for any employee working in the kitchen*)
- Deschutes County Health License or Department of Agriculture License
- \$1M Liability Insurance (*List Prep – A Chefs’ Kitchen as additionally insured*)
- \$300 Membership Fee (*Annual membership fee \$150 after year one*)
- Signed Contract Agreement

Application Received by _____ Date _____

Acknowledgement Agreement for Prep – A Chefs’ Kitchen

I received **version 1.2023** of this handbook. I understand this handbook is an integral part of my contract with Prep-A-Chefs’ Kitchen Inc.

I acknowledge that I have read this handbook in its entirety. My signature signifies my responsibility for understanding the content of this handbook and that I agree to its terms, pricing, and guidelines therein.

User’s Name (*Print*) _____

User’s Signature _____

Today’s Date _____