

Personal Information

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Emergency Contact _____

Number _____

Business Name _____

Requirements Check List

- Complete Personal Info & Provide Photo ID
- Oregon Food Handler’s Certification Card
- Deschutes County Health License or Department of Agriculture License
- \$1M Liability Insurance (*with Prep Bend listed as additional insured*)
- Signed Contract Agreement
- Current Credit Card on File
- \$150 Membership Fee (*Department of Agriculture*)
- or \$300 Mobile Unit Fee (*Reduced price of \$150 annually after 1st year*)

Application Received by _____ Date _____

Acknowledgement Agreement for Prep – A Chefs’ Kitchen

I received **version 1.2022** 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 Signature _____

User’s Name (*Print*) _____

Today’s Date _____