KITCHENS · COMMUNITY · CLASSES			
721 Nevada Street #407 – Redlands CA 92373			
Date:			
Name:			
Phone:			
Business Name:			
Address:			
City, State, Zip:			
E-Mail Address:			
Website Address:			
Is your business: New 🗌 or Existing 🗌			
Type of Business:			
Specialty Food Producer			
Other:			
Briefly describe your business:			
Do you have a written business plan for review? Yes 🗌 No 🗌			
Do you have liability insurance? 🗌 Yes 🗌 No			
If no, do you need assistance in acquiring liability insurance? Yes 🗌 No 🗌			
Do you have a current food handlers certificate? Yes 🗌 No 🗌			

Anticipated numbe	r of hours	of kitchen	usage needed:
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Platinum tenant:	20 hours or more per week			
Day of week (circle):	:MTWTHFSSU			
Approximate hours	ber day:			
Gold tenant:	10 - 15 hours per week			
Day of week (circle):	:MTWTHFSSU			
Approximate hours per day:				
Silver tenant:	5 - 10 hours per week			
Day of week (circle):	:MTWTHFSSU			
Approximate hours	ber day:			
Other tenant:	Event based.			
Approximate hours per month:				
What equipment do you need to make your product(s)?				
How did you learn about Cooking Block (Please check all that apply)				
 Brochure/Flyer Electronic newsletter Facebook San Bernardino Health E Craig's List E-mail Google Ad On Line Search -If you for 	 Culinary School Twitter YouTube Video Dept. CA Health Department Driving by Word of Mouth 			

(Thank you for providing this information; this will help us better serve other food-based businesses)