

Kitchen Thyme
APPLICATION

BUSINESS CONTACT INFORMATION

Name:			
Title:			
Date of Birth: / /		SSN: - -	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

EXPLAIN WHAT YOU WILL BE DOING IN THE KITCHEN?

AGREEMENT

1. By submitting this application, you authorize Kitchen Thyme to make inquiries into the banking and business/trade references that you have supplied.
2. By submitting this application, you have enclosed the following documents:
 - a. ServSafe Certification – Expiration _____
 - b. Non refundable application fee \$50 Check # _____

SIGNATURES

Title:
Date:

Title:
Date:

CONFIDENTIAL

OFFICE USE ONLY:

- VDACS VDH
- COI _____
- SERVSAFE _____ BPS _____
- BUSINESS LICENSE _____
- INSPECTION DATE _____