

## COMMERCIAL KITCHEN RENTAL APPLICATION

**Business Information** 

Thank you for your interest in renting kitchen space at In A Minute Cafe & Lounge. Please complete the application below. All information will be kept confidential.

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Business Name:
Owner/Operator Name:
Business Address:
Phone Number:
Email Address:
Website/Social Media (if any):
Business Type (check all that apply):
☐ Catering
☐ Food Truck
☐ Meal Prep Service
☐ Baked Goods
□ Baked Goods
☐ Pop-Up/Vendor

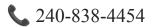
Business Credentials (attach copies):
<ul> <li>□ Valid Business License</li> <li>□ Food Manager Certification (e.g., ServSafe)</li> <li>□ Proof of Liability Insurance</li> <li>□ Commissary Agreement (if applicable)</li> <li>□ Mobile Food Unit License (if applicable)</li> </ul>
Rental Needs
Preferred Rental Schedule:
Days:
Γimes:
Start Date Requested:
Do you need cold/dry storage?
□ Yes □ No
Any special equipment needs?

## **Business Description**

Briefly describe your food business, concept, and experience:

References (Optional	but recommended):
Name:	Phone:
Relationship:	
Acknowledgment	
•	ation provided is true and complete to the best of my d that submitting this application does not guarantee e kitchen.
Signature:	Date:
	816 Largo Center Dr.

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