



The Historic Cape Charles Elementary
A Washington-Rosenwald School

COMMISSARY KITCHEN RENTAL APPLICATION

BUSINESS / APPLICANT INFORMATION

1. Business Name: _____
2. Applicant Name and Title: _____
3. Contact Phone: _____
4. Email: _____
5. Business Website / Social Media: _____
6. Business structure: Sole proprietor Partnership LLC Corporation Nonprofit
 Other: _____
7. EIN / Tax ID (if applicable): _____
8. Physical business address: _____
9. Mailing address (if different): _____
10. Years in operation: _____
11. Number of employees (FT/PT): _____

PROPOSED KITCHEN USE

1. Type of food business (check all that apply): Food truck Catering Product manufacturing Pop-up/meal prep Baker Other: _____

2. Describe products/menu (brief, 150 words max):

3. Intended days/hours of kitchen use (give preferred schedule; be flexible):

4. Expected weekly hours in commissary: _____

5. Equipment needs (list major equipment you will bring or need):

6. Volume estimate (units per week, meals/day, or lbs processed):

7. Storage needs: Refrigeration Freezer Dry storage — approximate space needed:

FOOD SAFETY & COMPLIANCE

1. Current food safety certifications (e.g., ServSafe) — list names and expiration dates:

2. State / County / Town Food Handler Permit or Retail License Status (attach copies):

3. Does your product require special licensing or inspections? Yes No — If yes, explain:

4. Allergens/major food safety concerns and how you will manage them (brief):

BUSINESS CAPACITY & IMPACT

1. Brief business plan or goals for next 12 months (200 words max):

2. Target market and distribution channels (farmers markets, wholesale, online, etc.):

3. Will you employ or train low-income or underserved workers? Yes No

If yes, explain: _____

4. How renting this commissary will support your business growth / community impact (150 words max):

INSURANCE & LIABILITY

1. Do you have commercial general liability insurance? Yes No

Provider and policy limits: _____

2. Will you obtain appropriate insurance naming The Impact Center as additional insured prior to occupancy? Yes No

REFERENCES

Provide two business references (name, relationship, phone, email) and one landlord or vendor reference.

REQUESTED START DATE & LEASE PREFERENCE

1. Desired start date: _____

2. Preferred rental arrangement: Hourly. Daily Monthly

3. Maximum budget/affordable rental rate per hour/day/month: _____

ATTACHMENTS (REQUIRED)

- Copy of valid photo ID for applicant
- Certificate of food safety training (e.g., ServSafe)
- Current health permit or food handler license
- Proof of insurance or insurance intent letter
- Business plan or one-page summary
- Recent proof of income or sales (optional for startups)
- Resumes or bios of key staff (optional)
- List of equipment you will bring (optional photos)

AGREEMENT & SIGNATURE

By signing below, I certify that the information provided is true and accurate. I agree to comply with commissary rules, health codes, and any facility policies. I understand acceptance is contingent on availability, inspection, and insurance requirements.

Applicant signature: _____ Date: _____

Printed name: _____