

**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 1<sup>st</sup> year*)

Application Received by \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgement Agreement for Prep – A Chefs’ Kitchen**

I received **version 1.2021** 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 \_\_\_\_\_