



LAKE EFFECT FOODS FACILITY RENTAL APPLICATION

Application Date: _____

Business Name: _____

Primary Contact Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip code: _____

E-mail: _____ Phone: _____

Website/Social Media: _____

Alternate Contact Name: _____

Emergency Contact Name and Number: _____

Types of products to be made or sold: _____

Insurance Agent & Company (General Liability): _____

Phone: _____

Please list ALL individuals who will be your onsite operators (include yourself). Please provide name and phone number for each individual.

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Product Category (Check all that apply)

___ Baking Confectionery/Chocolate

___ Specialty food producer

___ Pop-Up Mobile Food

___ Dairy/Eggs Jams/Jellies

___ Dry goods processing

___ Other (please specify)

Type of Business, Business License / DBA

___ Sole Proprietorship

___ Assumed Name/DBA

___ Partnership

___ Limited Liability Company

___ Corporation

___ Cooperative

___ Non-Profit 501c3

___ Other (specify)

Total years of operation _____

Please ATTACH your current food business license.

Please ATTACH your Serve Safe® certification.

Please ATTACH your insurance form naming LAKE EFFECT FOODS as additionally insured. The policy must have general liability in the amount of \$1 million.

Rental Rates (due on first of month for following month):

\$16/hour for cold prep only

\$22/hour for cold and hot prep

\$25/hour for receiving and storing your supplies

\$5/month frozen storage in own freezer

\$15/month dry storage shelf

\$15/month cold storage shelf

\$15/month frozen storage (7 cu. ft.)

\$15 Key deposit

Please indicate the date(s) and time(s) you wish to reserve.

Date	Start time	End time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly rentals are given priority for regular bookings allowing long term tenants to plan ahead. New reservations are available on a first-come, first-served basis.

Please check the option that best describes your operation:

- I wish to make a product for immediate sale to the public at a single outlet.
- I wish to make a product which will be sold at a later date and/or through multiple outlets.
- We will not be selling our product to the public. It is being made for a private party.

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

Product: _____ Source of ingredients: _____

List below the license and inspection numbers required for the operation of your business and/or sale of your products, and any other license, registration, certification, or permit required by local, state, or federal law. Provide copies of all current and valid licenses, registrations, certifications, or permits with your application.

Michigan sales tax license number: _____

Organic certification license number: _____

Other relevant license number: _____

Other relevant inspection numbers: _____

Vendor's signature verifies that the above information is complete and correct and that Lake Effect Foods may share their name, photos and where to purchase products on social media and in promotional materials owned by Lake Effect Foods and Lake Effect Kitchen. The vendor has read, understands, and agrees to all provisions in the Lake Effect Foods rules.

Signature: _____ Date: _____

Print Name: _____

RETURN COMPLETED FORM with all required documents TO: KITCHEN 242 242 W. Western Avenue Muskegon, MI 49440 Or scan all documents and e-mail to kitchen242@shorelinecity.com (231) 769-2202

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Notes: _____
