

APPLICATION FOR KASHRUS SUPERVISION

Date _____

Name of Company _____

DBA(if any) _____

Address _____

Telephone _____

Type of Business _____

Products to be sold _____

Business hours: _____ AM to _____ PM

Please list all partners, _____

Who holds lease of the Corporation _____

Name of Applicant _____

Home Address _____

Cell Phone Number _____

Synagogue Affiliation _____

Rabbi _____ Telephone _____

New Company? _____ Existing Company? _____

Are you presently or have under kosher supervision _____

Please list the names of any other food establishments that you have you ever been the owner/manager of

A \$150 non-refundable application fee must be submitted with this application.

A \$300 setup fee will be assessed to all new establishments.

Signature _____

Name (Please print) _____

Title _____

IMPORTANT: All applications must be approved by the Vaad Kashrus committee. You will be informed in writing of the committee's decision subsequent to an initial inspection of your facility by a Vaad representative. If approved, you will be asked to sign an agreement detailing the rules and regulations of our supervision. You may **not** display or advertise the Vaad's name or logo until you have received a countersigned agreement from our office.