



**CULIFLEX – ORANGE, LLC**  
987 N. Enterprise St. Orange, CA 92867  
Tel: 714) 633-7033  
[CUSTOMER.SERVICE@CULIFLEX.COM](mailto:CUSTOMER.SERVICE@CULIFLEX.COM)

Office Use Only		
Application	<input type="checkbox"/>	<input type="checkbox"/>
Tour	<input type="checkbox"/>	<input type="checkbox"/>
OC Health Approval	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Worksheet	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Operating Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Production Rules	<input type="checkbox"/>	<input type="checkbox"/>
Food Handler's	<input type="checkbox"/>	<input type="checkbox"/>
CC Auth Form	<input type="checkbox"/>	<input type="checkbox"/>
Security Deposit	<input type="checkbox"/>	<input type="checkbox"/>
Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
Cancelled	<input type="checkbox"/>	<input type="checkbox"/>
Reason:	_____	

**RENTAL APPLICATION**

**DATE:** \_\_\_\_\_

**BUSINESS INFORMATION**

NAME: \_\_\_\_\_

PARTNER / OTHER NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

HOW LONG IN BUSINESS? \_\_\_\_\_

TYPE OF PRODUCT: \_\_\_\_\_

WHERE ARE YOU SELLING YOUR PRODUCTS?

\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

CONTACT NUMBER: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WEBSITE: \_\_\_\_\_

**SECURITY INFORMATION**

DRIVER'S LICENSE #: \_\_\_\_\_

DRIVER'S LICENSE STATE: \_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_

**REFERENCES**

1. REFERENCE NAME: \_\_\_\_\_

REFERENCE PHONE #: \_\_\_\_\_

REFERENCE RELATIONSHIP: \_\_\_\_\_

2. REFERENCE NAME: \_\_\_\_\_

REFERENCE PHONE #: \_\_\_\_\_

REFERENCE RELATIONSHIP: \_\_\_\_\_

3. REFERENCE NAME: \_\_\_\_\_

REFERENCE PHONE #: \_\_\_\_\_

REFERENCE RELATIONSHIP: \_\_\_\_\_

**KITCHEN USAGE (PLEASE CHECK ONE)**

\_\_\_\_\_ ONE TIME (LESS THAN 8HRS) \_\_\_\_\_ PART TIME (8-64 HRS PER MONTH)

\_\_\_\_\_ FULL TIME (64+ HOURS PER MONTH)

**DESCRIPTION OF PRODUCT OR SERVICE (WHAT DO YOU DO?):**

\_\_\_\_\_

\_\_\_\_\_

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**KITCHEN REQUIREMENTS (SPECIFY EQUIPMENT YOU NEED)**

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**\_\_\_\_\_ WILL YOU  
BE NEEDING MONTHLY STORAGE SPACE? (DRY, COLD, FREEZER,  
WAREHOUSE)**

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**WILL YOU BE NEEDING OFFICE SPACE OR ARE YOU INTERESTED IN PAYING  
FOR USE OF OFFICE WHILE YOU ARE RENTING THE KITCHEN?**

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**USAGE REQUIREMENTS****INSURANCE (CHECK ONE)**

\_\_\_\_ COMPLETE

\_\_\_\_ IN PROCESS OF PROCURING

**FOOD HANDLER'S CERTIFICATE  
(CHECK ONE)**

\_\_\_\_ COMPLETE

\_\_\_\_ IN PROCESS OF PROCURING

**ORANGE COUNTY  
HEALTH DEPT. CONSULTATION  
(CHECK ONE)**

\_\_\_\_ COMPLETE

\_\_\_\_ IN PROCESS OF PROCURING

**WHOLESALER REQUIREMENTS****STATE HEALTH DEPT. CONSULTATION \_\_\_\_\_ COMPLETE  
(CHECK ONE)**

\_\_\_\_ IN PROCESS OF PROCURING

**DAIRY PRODUCT REQUIREMENTS****CDFA CONSULTATION**

\_\_\_\_ COMPLETE

(CHECK ONE)

\_\_\_\_ IN PROCESS OF PROCURING

**OTHER:** HOW DID YOU HEAR ABOUT US?

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