



Commercial Kitchen Shared Use Application

BAKEHOUSE ENTERPRISES, LLC - 31 CENTER ST., MIDDLEBOROUGH, MA 02346

Thank you for your interest in our Shared Use Kitchen. Please complete the following application.
Additional items you'll need as part of your application:

- Business License
- Business Insurance
- ServSafe Certification
- Board of Health Certificate (Town of Middleborough)

Date of Application: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Tel.: _____

Website: _____

Primary Contact (Full Name): _____

address same as above

Address: _____

City: _____ State: _____ Zip: _____ Tel.: _____

Email: _____

Type of Products to be Made or Sold:

Product Category (check all that apply):

___ Baking ___ Confectionary/Chocolate ___ Mobile Food

___ Jams/Jellies ___ Dry Goods Processing ___ Pop-Up

___ Dairy/Eggs ___ Specialty Food Producer

___ Other (please specify) _____

Please select which best describes your operation:

- I wish to make a product in the kitchen for immediate sale to the public from a food truck, farmer’s market or other public event.
- I wish to make a product in the kitchen, which will be sold at a later date and/or through multiple outlets.
- I wish to make a product that is not being sold to the public. It is being made for a private event.

Where are you currently sourcing your ingredients (check all that apply):

- I source my ingredients directly from food manufacturers/producers.
- I source my ingredients from both food manufacturers/producers and wholesale distributors.
- I source my ingredients primarily from wholesales distributors and retail outlets.

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.

Health Department/Board of Health: _____

Resale/Seller’s Permit: _____

Organic Certification: _____

Other: _____

Do you prepare foods that are (check all that apply):

- Gluten-Free
- Organic
- Paleo
- Other

Describe ‘Other’: _____

Vendor’s signature verifies that the above information is complete and correct. The vendor has read, understands, and agrees to all provisions in the Bakehouse Enterprises LLC Operating Agreement.

Signature: _____ Date: _____

Print Name: _____

RETURN COMPLETED FORM with all required documents to:
 Bakehouse Enterprises LLC, 93 Center Street, Carver, MA 02330
 Or, scan all documents and email to hello@boxfordbakehouse.com.
 Tel. (508) 923-8424