

# W2W COMMISSARY, LLC

591 STEVENS DRIVE RICHLAND, WA 99352

## PERSONAL/BUSINESS INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

## INSURANCE

Before starting in the kitchen, users must provide \$1,000,000 in general liability insurance, listing W2W Commissary LLC as an additional insured party.

Have you procured your insurance? (circle one)    Yes    No

Insurance Agent Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## STORAGE NEEDS

Please list your storage needs (refrigeration space, freezer space, dry storage space, and etc.):

## KITCHEN USE TIME:

Indicate applicable days and times of use:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

This form must be submitted to [sail@water2winecruises.com](mailto:sail@water2winecruises.com) or in person to 591 Stevens Drive Richland, WA 99352.

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How many employees will use the kitchen?

## W2W COMMISSARY PLAN:

For commissary kitchen lease, please select rate plan you are interested in:

\_\_\_ Monthly Plan: 40 hours per month

\_\_\_ Monthly Plan: 80 hours per month

\_\_\_ Monthly Plan: Unlimited hours per month

\_\_\_ As Needed 8-Hour Use

\_\_\_ Interested in a Custom Plan

## BUSINESS NEEDS:

What is your preferred start date?

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Describe your business:

Do you currently hold a food handler's card issued by the Benton Franklin Health District? (circle one)

Yes    No

Other comments:

## EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name:

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Relationship:

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Phone(s):

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Email:

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