

**Hilltown Licensed Kitchens  
Commercial User Application**

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*Hilltown Kitchens offers licensed space for commercial food prep and serving. Renters are responsible for providing their own ServSafe Certified oversight, any required permits, licenses and in some cases, proof of insurance.*

Date \_\_\_\_\_

1. Kitchen Requested: \_\_\_\_\_ Community Hall \_\_\_\_\_ Jacobs

2. Name of person applying

\_\_\_\_\_

3. Mailing Address

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

4. Phone numbers (business or work phone, home phone, cell phone)

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

5. Email

\_\_\_\_\_

6. Business Name

\_\_\_\_\_

7. Website \_\_\_\_\_

8. Business partners or associates (names and phone numbers)

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

9. Purpose of rental

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

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10. Number of people expected to participate:

\_\_\_\_\_ Prep, \_\_\_\_\_ Serving, \_\_\_\_\_ Dining on site

11. Is this a one-time only or recurring rental?

- One-time only
- Recurring

12. Date(s) and times requested

\_\_\_\_\_, or, if flexible;

Preferred days – *Note the minimum rental period is two hours*

- Weekdays \_\_\_\_\_ Which days?

\_\_\_\_\_

- Saturday \_\_\_\_\_

- Sunday \_\_\_\_\_

Preferred time of day?

\_\_\_\_\_

13. If recurring, estimated hours of kitchen usage

- Per week \_\_\_\_\_
- Per month \_\_\_\_\_
- Per year \_\_\_\_\_

14. Will alcohol be served? \_\_\_\_\_? If yes, please contact Heath Town Coordinator (bos@townofheath.org) for permit requirements.

15. Where do you sell or plan to sell your product? (Check all that apply)

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- Direct to consumers (e.g., food truck, catering) \_\_\_\_\_
- Farmer's Market \_\_\_\_\_
- Retail stores such as Greenfields Market or Avery's Store
- Restaurants \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

16. How did you hear about Hilltown Kitchens? Check all that apply

- Newspaper article \_\_\_\_\_
- Word of mouth \_\_\_\_\_
- Referred by potential customer \_\_\_\_\_
- Hilltown Kitchens Website
- Other website \_\_\_\_\_
- Email \_\_\_\_\_
- Other (please indicate the source) \_\_\_\_\_

17. Signature

I have received a copy of Heath Kitchens User Guide. I have read the User Guide in its entirety and discussed any questions I may have with kitchen manager. I agree that if there is any policy or provision in the Guide that I do not understand, I will seek clarification from the kitchen manager. Since the information and policies described here are necessarily subject to amendment, change, or termination, I acknowledge that revisions to the Guide may occur and I understand that these revisions may supersede existing policies.

All the information provided in the application is up to date and true. I understand that misrepresentation will cause cancellation of the rental and forfeiture of the fee.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

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Please mail this application to:

Heath Building Use Committee  
1 East Main Street  
Heath, MA 01346

Or, email it to Kitchen Managers:

Alice Lee, [alicelee727@gmail.com](mailto:alicelee727@gmail.com) and Pam Porter, [pam\\_porter@verizon.net](mailto:pam_porter@verizon.net)