

User Start-Up Checklist

Name: _____ Emergency Contact: _____
Business Name: _____ Relation: _____
Address: _____ Phone: _____
Phone: _____

ITEM

- | | Completed: | Date/By: |
|-----|-------------------|---|
| 1. | _____ | Application Completed |
| 2. | _____ | Business Plan Completed/Reviewed |
| 3. | _____ | Interviews With:
_____ Kitchen Manager: _____
_____ D.E.C. Manager: _____ |
| 4. | _____ | Policies/Procedures Reviewed/Acknowledged |
| 5. | _____ | Kitchen Agreement (Lease) Signed |
| 6. | _____ | Orientation Kitchen Opening/Closing Procedures |
| 7. | _____ | Denver Health Department Inspection/Orientation/Training |
| 8. | _____ | Denver Health and Hospitals Food Handler's
Certificate #: _____ Expiration Date: _____
TB Test/Shots Required? _____ Taken: _____ |
| 9. | _____ | Excise and Licenses License
Type: _____ Expiration Date: _____ |
| 10. | _____ | Previous Health Department Check/comments:
Agency: _____ Contact: # _____ |
| 11. | _____ | Proof of Insurance Received (Minimum - \$500,000.00) D.E.C. Additional
Insurance
Product Liability: _____ General Liability: _____
Insurance Company: _____
Amount of Coverage: _____
Agent: _____ Expiration: _____
Agent Phone: _____ |
| 12. | _____ | Deposit Received Amount: <u>\$200.00</u> |
| 13. | _____ | Process Fee: <u>\$200.00</u> |
| 14. | _____ | Security Fee: <u>\$50.00/year</u> |
| 15. | _____ | <u>\$10.00</u> Training/Sanitation/Equipment/Kitchen Manager |
| 16. | _____ | Lease Payment collected Amount: _____ |
| 17. | _____ | Proof: Drivers License, Social Security Number, Drivers Insurance (Photo Copy) |
| 18. | _____ | Employee Information – (Tenant Company Employees) |
| 19. | _____ | Code: _____ |
| 20. | _____ | Start Date: _____ Minimum of 10 hours rent charge <u>\$200.00</u> (6 months) |
| 21. | _____ | Sales Tax License # _____ |

Note Lease Expiration: _____