Stewpot Enterprises - Facility Reservation Form

Date Submitted: Date Approved:

Your Name:_____
Business / Organization (if applicable)_____
Telephone:_____E-mail:_____
Address (City/State/ZIP):_____
Emergency Contact (Name/phone number)_____
Food Handling Experience: _____

Three References (name/address/phone):

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____ _____

Before reserving The Stewpot kitchen or storages facilities, you must meet and be approved by the Director of Food Services, Brenda Roberts (phone 214-670-1109 to make an appointment).
Have you met with the Food Service Director? Yes No
Date of Meeting? _____
Have you been approved by the Food Service Director? Yes No
Have you attended a course on food safety and sanitation? Yes No
Date of Course? _____

1. Facility / Room Requested: ___Kitchen ___Storage
___Dining Area ___Other
Date for Reservation: Starting Time: Ending Time:

2. Equipment Request: What kitchen equipment is requested?

_____ _____ _____
_____ _____ _____
_____ _____ _____

3. Cost Estimate	**General Cost**	**Your Cost**
Security Deposit	$ 30 one-time fee	_____
Kitchen User Fee	$ 15 per (3) hrs. use	_____
Storage-Freezer/ Dry Storage	$ 10 per week	_____
TOTAL		_____

Please send payment with application to:
The Stewpot, 408 Park Avenue, Dallas, Texas 75201