

ועד הרבנים דקליפארניא
RABBINICAL COUNCIL OF CALIFORNIA
 APPLICATION FOR KASHRUT CERTIFICATION (Retail)

3780 Wilshire Blvd., Suite #420
 Los Angeles, CA 90010

Phone: 213-389-3382 Fax: 562-286-5235
www.rccvaad.org Email: info@rccvaad.org

Please complete the following application and return to the Rabbinical Council's office.
Submission of an application does not in any way obligate the RCC to grant kosher certification.

Date of application _____

Firm Name _____

Address of the firm _____

City _____ State _____ Zip _____

Work Phone () _____ Fax () _____

Website: _____ Email: _____

Date Firm opened: _____

Owner's Name: (Last) _____ (First) _____

Address _____

Telephone () _____ Cell Phone: () _____

Are you the sole owner of this establishment? Yes _____ No _____

If No, please list ALL owners: (silent partners must be identified)

Name _____

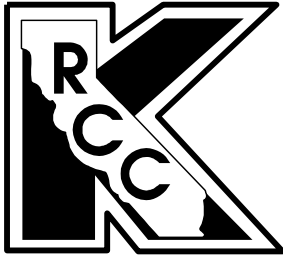
Address _____

Telephone () _____

Name _____

Address _____

Telephone () _____



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Have you ever owned or operated a restaurant, bakery or catering facility before?

Yes ___ No ___

Name of Firm _____

Address _____

Was the establishment Kosher? Yes _____ No _____

Was the establishment under Rabbinic Supervision? Yes ___ No ___

Name of Rabbinic Supervision: _____

Was your establishment a meat or dairy business? Meat _____ Dairy _____

Are you presently the owner or the partner? Yes ___ No ___

Please name the person who will daily manage and operate your establishment:

Please describe the cuisine to be served at your establishment:

Are you planning on selling take-out food? Yes _____ No _____

Are you planning on selling pre-processed packaged goods? Yes _____ No _____

Are you planning on catering outside affairs? Yes _____ No _____

Please list your planned operating hours:

Sunday _____ Mon-Thurs _____ Fri _____ Sat _____