

VAAD HARABONIM OF METROWEST



APPLICATION FOR KASHRUS SUPERVISION

Date _____

Name of Company _____

DBA (if any) _____

Address _____

Telephone _____

Type of Business _____

Products to be sold _____

Business hours: _____ AM to _____ PM

Please list all partners _____

Who holds lease of the Corporation _____

Name of Applicant _____

Home Address _____

Cell Phone Number _____

Synagogue Affiliation _____

Rabbi _____ Telephone _____

New Company? _____ Existing Company? _____

Are you presently under or have kosher supervision _____

Please list the names of any other food establishments that you have you ever been the owner/manager of:

Signature _____

Name (Please print) _____

Title _____

IMPORTANT: All applications must be approved by the Vaad Kashrus committee. You will be informed in writing of the committee's decision subsequent to an initial inspection of your facility by a Vaad representative. If approved, you will be asked to sign an agreement detailing the rules and regulations of our supervision. You may not display or advertise the Vaad's name or logo until you have received a countersigned agreement from our office. This form may be submitted via Fax: 973-356-0035 or Email: Rabbiteichman@metrowestvaad.org.