



Kashrus Application

141-49 73rd Avenue., Flushing, NY 11367

Tel: (718) 520-9060 Fax: (718) 520-906

Applicant(s) detailed personal information form

All partners and investors are required to complete this form

Applicant Information

Full Name: _____
Last First Establishment

Address: _____
Street Address City State State Zip

Phone: _____ Cell _____ Email _____

Education

Please list the Yeshivos that your children attend or have attended

School: _____ Address: _____

School: _____ Address: _____

References

Please list two Rabbinical references i.e. Rav, Rebbe, Rosh Yeshiva,

Rabbi's Name: _____ Relationship _____

Shul: _____ Phone: _____

Address _____

Rabbi's Name: _____ Relationship _____

Shul: _____ Phone: _____

Company _____

Address: _____

One non Rabbinical reference:

Name: _____ Contact # _____



Establishment Application

Company Information

Company Name: _____
Establishment/ DBA _____ Date _____

Address: _____
Street Address _____ City _____ State _____ State _____ Zip _____

Phone: _____ Cell _____ Email _____

Social Media: _____ Instagram _____ Handle _____

Is this a new business Yes _____ No _____ If no, are you currently certified Yes _____ No _____

Certification Agency _____

Type of Establishment Restaurant _____ Catering _____ Take out _____

Designation: Meat _____ Dairy _____ Parve _____

Applicant Information

Are there any other partners? Yes _____ No _____

If yes, please List All Partners _____

Do you or your partners own any other food establishments? Yes _____ No _____

If yes, location: _____

**A \$150 non-refundable application fee must be submitted with this application.
A \$300 setup fee will be assessed to all new establishments; as well sale or exchange of ownership.**

Signature _____ Name (Please print) _____

Disclaimer and Signature

A letter of recommendation from a Rav on the Rav's Official letter head must be attached to this form
The letter must include A) How the Rav knows the applicant B) How long the Rav knows the applicant c) the letter
must attest to the status of the applicants Shmiras Shabbos and must address the level of his Halachic integrity.
This form may be submitted via fax: 718-520-9063 or Email: Info@queensvaad.org

Signature _____ Date: _____