



FOOD SERVICE

APPLICATION FOR KOSHER CERTIFICATION

This application is the first step towards obtaining kosher certification, please complete to the best of your knowledge to help expedite the process.

Seal-K affirms that it will not divulge private information, formulas, or processes used by the client to any other party.

COMPANY PROFILE

Company Name: _____

DBA: _____

Address: _____ City: _____ State: _____ Zip _____

Country: _____ Telephone: _____ Fax: _____

Email: _____ Website: _____

CONTACT INFORMATION

Name: _____ Title: _____

Telephone: _____ Email: _____

Are you a part of a group of companies?..... Yes No

If yes, please specify _____

Does your company have any Jewish ownership?..... Yes No

Where did you hear about Seal-K? (e.g. show, manufacturer, customer, website)



What type of service do you require?

Long-term certification

Seasonal

One- time event

If seasonal or one-time event please provide date: _____

What are the hours of operation? (prep & service) _____

What days of the week do you operate?

Sun-Fri

All

Other (please specify) _____

Do you operate on Saturdays or Jewish holidays? Yes No
[Jewish Calendar](#)

What are the meals intended for? (Check all that apply)

In-house consumption

Distribution

If in-house, how is the food served?

Buffet-style Plated dinner

If meals are distributed, how is the food served?

Individually packed for retail

Event / Party use

If applicable, please attach an image of the label placed on the packaged meal.

Do you use an exclusive supplier for all your food products? Yes No

Have you ever applied for or obtained kosher certification?..... Yes No

If yes, by which organization? _____

Are you looking for Passover certification as well?..... Yes No

(Note: Passover certification will require additional information not included in this checklist)



FACILITY

How many ovens do you have? _____

How many dishwashers do you have? _____

Do you use a fryer? Yes No

If yes, how many frying tanks does each one have? _____

Do you use a Steam Jacketed Kettle/s? Yes No

Is there any other non-kosher kitchen on premises or close by?..... Yes No

Is there a designated dining area or canteen for personnel? Yes No

FOOD PREP.

Do you use or serve soy-cheese or any other dairy substitutes? Yes No

If yes, please specify _____

Do you use or serve any leafy vegetables?..... Yes No

If yes, please specify _____

Do you use or serve organic fresh-farm eggs? Yes No

Do you use or serve liver? Yes No

Do you use or serve dried fruit? Yes No

If yes, please specify _____

Do you use any of the following equipment? (Check all that apply)

- Steam table (Bain Marie)
 Chafing dishes
 Food warmers
 Pan Racks

If available, please attach menus and ingredient list/s. (Not formulas)



DINING

Which type of food service/s do you provide? (Check all that apply)

Dairy Meat Fish Parve / Vegan

Which meals do you plan to serve?

Breakfast Launch Dinner

How many meals do you serve a day? _____

Do you have a wine menu? Yes No

Date: _____ **Name:** _____ **Title:** _____

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