

OK KOSHER CERTIFICATION

RABBI DON YOEL LEVY
Kashruth Administrator

391 TROY AVE.
BROOKLYN, NY 11213
TEL: 718 756-7500
FAX: 718 756-7503

RESTAURANT / CATERER APPLICATION

Date _____

Name of Establishment _____

Address _____

Telephone _____ Cell _____

Email _____ Fax _____

Manager: _____ Jewish? Yes No

If a different company owns the restaurant/caterer, please fill in:

Name of company _____

Address _____

Telephone _____ Fax _____

Owner: _____ Jewish? Yes No

The Facility will be serving:..... Only Pareve..... Dairy..... Meat..... Both

Will there be any:..... Takeout Outside Catering

Type of Restaurant _____

Days of Operation: Sun Mon Tues Wed Thursday
 Friday until 2 Hours before sundown Shabbos Sat. Night

Are you planning to be open during Pesach? Yes No

Hours of Operation _____

Is this a new Establishment? Yes No


Is all the Equipment Brand New? Yes No

Is any of it refurbished? Yes No

Have you been certified previously? Yes No

If yes, by whom? _____

Application filled out by _____ Signed _____

A processing fee of **\$500.00** must be paid before the initial visit can be scheduled. If restaurant is not eligible for certification,  Kosher will retain the \$500.00 in consideration of its administrative and other costs in connection with the application process.

THIS APPLICATION DOES NOT INCLUDE PASSOVER. Passover certification can be requested separately, a minimum of 90 days prior to Passover is required.