Vendor Application Guide IN ORDER OF COMPLETION

<u>Application to use the Cornell Cooperative Extension of Tompkins County (CCETC) Teaching Kitchen</u> (Please note that all of the following must be completed prior to application approval)

- 1. Read through this Vendor Application Guide (page 1), Application (pages 2-3), Terms of Use (page 4) and License Agreement (pages 5-6)
- 2. Complete and submit the following (Allow 2-3 weeks processing time for this step prior to your first event)
 - Application, Terms of Use and Rental/License Agreement (pages 2-6 below)
 - Certificate(s) of Insurance (see specific requirements on page 5)
 - Deposit (see instructions on page 3)

If you do <u>not</u> already have a food service permit from the Health Department or a food processing establishment license from NYS Ag & Markets:

- Contact Kristee Morgan kmorgan@tompkins-co.org 607-274-6688 at the Tompkins Co. Health Dept., or
- Visit NYS Ag & Markets website: https://agriculture.ny.gov/food-business-licensing

As part of the food service permit application, you will be asked to submit a "letter of intent" from the commercial kitchen that you plan to use. If needed, email the Kitchen Manager to request this document.

Note: we only reserve kitchen space in advance for approved applicants who have sent us their Health Department permit (or NYS food processing license) and have scheduled the mandatory orientation (see below). That said, if you wish to inquire first about any specific dates or times, contact the Kitchen Manager cce.kitchens@cornell.edu

Once you have received an email from the Kitchen Manager approving your use of the Teaching Kitchen

- 3. Send a copy of your Health Department permit (or NYS food processing license) to the Kitchen Manager
- 4. Contact the Kitchen Manager <u>cce.kitchens@cornell.edu</u> to schedule the mandatory orientation. At this inperson meeting at CCETC, you will receive a set of keys.
- 5. If you are ready, submit a booking request. Once the Kitchen Manager has received a copy of your Health Department permit (or NYS food processing license) and the mandatory orientation meeting has been scheduled, you are welcome to use our online form to place a "booking request." Booking requests are how you communicate when you would like to use the kitchen. Once you submit the form along with your payment, we will make every effort to review and approve (or deny) your request within 2 business days. Even if approved, you still must complete the mandatory orientation before using the kitchen. Link to online form: https://mahaplatform.com/forms/kitchenbooking

On an annual basis

6. It is the vendor's responsibility to send updated Certificate(s) of Insurance and a renewed Health Department permit (or NYS food processing license) to the Kitchen Manager <u>one month</u> prior to expiration. If this is not done, your kitchen use will be suspended and all bookings scheduled within the month before expiration will be cancelled (with a refund). The Kitchen Manager will ask you to return your keys before giving you back your deposit.

Cornell Cooperative Extension Tompkins County

4-H ACRES COMMERCIAL KITCHEN AND CARGILL TEACHING KITCHEN APPLICATION

We make every effort to review applications within 5 business days of receipt. Please note, submitting an application does *not* guarantee approval. All necessary paperwork, payments and orientations must be in order for reservations to be secured (see guide on page 1). Allow for two to three weeks processing time.

This License to use the **4-H Acres Commercial Kitchen or the Cargill Teaching Kitchen** is entered into between Cornell Cooperative Extension of Tompkins County, 615 Willow Avenue, Ithaca, NY (EXTENSION) and the following named LICENSEE. The LICENSEE name below <u>must match</u> the name that appears, or will appear, on your Certificate(s) of Insurance for comprehensive general liability and auto liability insurance.

Name of Organization/Group/Individual:		(LICENSEE)				
Traine of Organization, droup, marviation		(Bredrigge)				
Contact Person*:	Date:					
Email:	Phone:					
Mailing Address:	Cell:					
Describe kitchen use:						
*The Contact Person must submit a copy of their Health Department permit (or NYS food processing license) and complete a kitchen orientation prior to use. The Contact Person must be present throughout room use and is responsible for compliance with kitchen procedures (listed on page 4).						
One-time Use Multiple Use		On-going				
Name of Event or TBD:						
Specify date(s) or TBD:						
Start Time (including set-up time) or TBD End Time (in	ncluding clean-	up time) or TBD				
AM/PM		AM/PM				
		AWI/TWI				
Anticipated number of people using the kitchen:		AW/TW				
Anticipated number of people using the kitchen: Is this event open to the public? Yes No] N/A	AW) I W				
	_	Yes No				
Is this event open to the public? Yes No	ment permit? [Yes No				

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	4-H Acr Indicate which area(s) of t	es Commercial Kitche The kitchen and equ		n touse:	
Cor				al Refrigerator (1)	
Gas	s Stove (with ansul system) 🔲 Frial	ator (1) Food P	rep Tables (4)	Stand-Up Fre	ezer
ı —		storage - If checked v	what are vour ne	eds?	
Extensi	ion does not provide prep equipment, r	or sanitation/cleani	ng solutions/mat	erials for either kit	tchen.
	Rates Per Use & Deposit	Food Startup***	Non-Profit	For-Profit	1
	1/2 Day (4 hours)	\$50	\$55	\$70	1
	Full Day (8 hours)	\$80	\$85	\$100	1
	2 hours (permission required)	\$35	\$40	\$50	
	6 hours	\$70	\$75	\$90	
	Extended Use* (long-term weekly)	\$50	\$50	\$65	
	Mandatory Deposit**	\$150	\$200	\$200	
	1 time event	N/A	\$150	\$160	
	4-H Acres Kitchen (up to 8 hrs)	\$50	\$50	\$50	
	Commissary use only (annual fee)	\$50	\$50	\$50	
nstance if amount wi ***Food St	ed at the end of the contract period if all of the teaching kitchen procedures (see pail) be invoiced. CCETC reserves the right cartup prices apply to For-Profit food venion-Profit rates.	age 4) are not followed to suspend permission	d. Damages and re n to use the kitche	epairs exceeding the en at any time.	e deposit
DE	EPOSIT PAYMENT OPTIONS				
☐ Cas		Cornell Cooperative I	Extension of Tom	npkins County)	
	edit Card, Bank Account or Pav Pal: h				osit
Onc http boo poli	te you are approved to use the kitchen, os://mahaplatform.com/forms/kitchenking request. Once approved, any canolicy. A refund is only issued if the booking rental day/time.	booking requests wi nbooking . Payment f celations will be hand	ll be handled thro or use is made wh led according to o	ough our online for nen you make a our cancelation	
below. I f mandatoi	ad this application in full and underst further understand that failure to con ry steps or submitting the necessary act. The contract is only complete wh	nply with the terms documents as outlin	of this agreemen ed above will pr	t by not completing event the completing in the complete.	ng the tion of
	Signature of Licensee		Date		3

Cornell Cooperative Extension Tompkins County

4-H ACRES COMMERCIAL KITCHEN AND CARGILL TEACHING KITCHEN TERMS OF USE

Cornell Cooperative Extension of Tompkins County (CCE-Tompkins) warmly welcomes you to use the **4-H Acres Commercial Kitchen or the Cargill Teaching Kitchen** for your event or activity. We expect that individuals and groups using the kitchen will have basic consideration for others and leave the kitchen space, equipment and supplies clean and in good order. CCE-Tompkins Nutrition and 4-H staff are responsible for ensuring that the kitchen space, equipment and supplies are in good condition after use by other individuals and groups, and that the procedures have been properly followed. Please adhere to the general procedures for use listed below.

- Complete an orientation with the Kitchen Manager before use. Receive instructions on the use of equipment.
- Note the location of the first aid kits and fire extinguishers.
- In order to protect the floor and our equipment, lift tables and chairs if you move them.
- Use cutting boards for food preparation; do not cut directly on counter tops.
- Protect counter tops from hot pots, pans or dishes using oven mitts or pads.
- The kitchen is not to be left unattended while the stoves or ovens are in use.
- Clean and leave the kitchen (including, but not limited to, counter tops, stoves and ovens, sinks, floors
 and equipment) in the same condition at the end of your use as it was in the beginning. Sweep and
 mop the floors prior to leaving the kitchen. Broom and mop are available in the utility closet
 outside the kitchen (4-H Acres), or in the sanitation room (Cargill Teaching Kitchen).
- Follow cleaning instructions for food safety posted near the sinks (4-H Acres) or in the sanitation room (Cargill Teaching Kitchen).
- Return all equipment to appropriate locations.
- Do not remove any dishes, posts, pans, utensils or other material/equipment from kitchens.
- Only add clean, non-food-soiled recyclables to the recycling bin in the kitchen.
- The compost buckets are for food scraps (including meat, dairy and bones) and paper napkins or paper towels ONLY no trash, food service gloves, or other contaminants (i.e. plastic, twist ties, etc.).
- Note that any food left in the kitchen, including in the refrigerators will be composted/discarded (unless other arraignments have been made).
- Check to see that all stoves, ovens and faucets are turned off at the end of use.
- Complete the Kitchen Clean-Up Checklist and report any missing/broken equipment, depletions/ shortages of supplies and feedback/concerns. Sign off on Kitchen Clean-Up Checklist.
- Shut off all lights and lock doors.
- NO persons under the age of 18 are permitted in the kitchen when being used by the Tenant (no exceptions). Violation of this provision will result in immediate revocation of this License.
- Return keys to kitchen manager one month prior to the expiration of your Certificate(s) of Insurance or Health Department permit / NYS food processing license *unless* you have renewed documents. In which case, send the updated certificate(s), permit and/or license to the Kitchen Manager.

In case of emergency, in addition to contacting 911 as appropriate, please contact the Kitchen Manager at the posted number. The following are examples of emergencies: personal injury requiring emergency treatment, extensive property damage, accidental lock out, inability to lock up at end of session (including loss of keys), issues involving fire, gas and water leaks. Do <u>not</u> independently call any of the following: plumber, locksmith, electrician, etc. for repairs.

An Accident/Incident Report must be completed whenever there is an accident or incident involving employees, volunteers, participants, tenants, the general public, property or vehicles. Complete this report within 12 hours of the incident and notify emergency contact above as soon as possible. Blank forms can be found in the document holders at the kitchen entrance.

LICENSE AGREEMENT

This LICENSE is between	n Cornell Cooperative Extension of Tompkins County (EXTENSION) and
	(LICENSEE name as appears on pg. 2) who is granted this license to use the kitchen
facilities indicated above	subject to the all of the terms, conditions and teaching kitchen procedures herein.

- 1. LICENSEE shall indemnify and hold harmless EXTENSION, their employees, volunteers, agents, Directors and officers and Cornell University from and against any and all actual or alleged claims, suits or demands of any kind and nature whatsoever that result from injury or illness to any person or persons, including death, or damage to property arising out of any act or omission of the LICENSEE, its employees, volunteers, participants or agents and arising out of its use and occupancy of the premises indicated above. LICENSEE shall be fully responsible for supervision and care of minors. LICENSEE is solely responsible for examining the facilities for suitability for all activities contemplated herein and accepts the facilities "as is".
- 2. The LICENSEE shall provide a Certificate of Insurance to EXTENSION at least ten (10) business days prior to the first date of facility usage or event, showing evidence of the following minimum limits of insurance or as required by law, whichever is greater. Said certificate shall name Cornell Cooperative Extension of Tompkins County as additional insured with not less than 10 days notice of cancellation. P. W. Wood & Son, Inc. will review the certificate for approval. All insurance must be written in a New York State licensed insurance company with a Best's rating of A- or better. Certificate must be signed by an authorized representative of the insurance company and indicate the event/reason for facilities usage on the Certificate. Insurance required of the LICENSEE shall be primary and non-contributory in all respects to any insurance carried by EXTENSION and shall not look to EXTENSION insurance for any contribution toward claims arising out of the use of the Facilities by the LICENSEE.
 - a. Commercial General Liability including Contractual and Products/Completed Operations, with a minimum combined single limit per occurrence of \$1,000,000. Note: on the Certificate of Insurance, please include a "Y" in the ADD INSD column and reference why the certificate is being issued by including wording like "For use of Commercial Kitchen at CCETC" in the Description of Operations box.
 - b. Worker's Compensation, if required by law. If not required initial
 - c. Auto Liability If you are doing business as an individual (your federal tax classification on your W-9 is "Individual"), the minimum combined single limit (Ea. accident) is \$300,000 unless you declare that you will <u>not</u> arrive, nor depart the CCETC facility in a private motor vehicle (owned by you or anyone else), taxi or similar form of transportation. If you agree to this, initial here
 - If you are applying as a business (federal tax classification of corporation, partnership or limited liability company), the minimum combined single limit (Ea. Accident) is \$1,000,000. If the business doesn't own a vehicle, must have Hired and Non Owned Auto liability.
 - d. If any other Outside Vendor is being used for the event, Certificates of Insurance for General Liability and Worker's Compensation (as in a & b) must also be provided to EXTENSION and must sign this form acknowledging the terms and conditions.
 - e. If alcoholic beverages are being served or distributed during the use, a Certificate of Insurance showing proof of Liquor Legal Liability of not less than \$1,000,000.

Groups NOT affiliated with EXTENSION systems or programs of EXTENSION must make it clear in advertising that EXTENSION is NOT a sponsor/co-sponsor or co-host of the meeting or activity of LICENSEE's group. EXTENSION is not responsible for handling calls about events being held by groups not affiliated with EXTENSION. Do not list EXTENSION phone number in event publicity.

Required Language for Publicity. "XXX meeting is being held at the Cooperative Extension building located at 615 Willow Ave. Ithaca, NY off Route 13 at Dey Street. This is not a program of Cornell Cooperative Extension of Tompkins County and the use of CCETC meeting rooms does not imply endorsement of this program or activity by CCETC."

- 3. Booking requests to use the Facilities will not be approved beyond the expiration date of the Certificate of Insurance and Health Department permit (or NYS food processing license). The LICENSEE shall provide a renewed Certificate of Insurance and Health Department permit (or NYS food processing license) to EXTENSION at least one month prior to expiration. If this is not done, kitchen use will be suspended and all bookings scheduled within the month before expiration will be cancelled (with a refund). EXTENSION will then request return of keys before issuing the return of the LICENSEE's deposit.
- 4. Parking is permitted in the designated areas ONLY.
- 5. No use of the Facilities by the LICENSEE until all terms and conditions are met including insurance and authorized signature of CCE representative.

I/we (LICENSEE) consent to the terms/rules/conditions of said Use of Facilities Agreement as set forth by Cornell Cooperative Extension of Tompkins County (EXTENSION). Failure to adhere to said rules/regulations/ conditions as outlined in this Use of Facilities Agreement, and/or any other correspondence/forms relating to said usage, will result in loss of facilities use privileges without regard to compensation. **Authorized Signature** Title **Print Name** Phone Number LICENSEE exact business name Date If an outside vendor is used at your event, then have them complete the following to show that they have read and agree to comply with the Terms of Use and License Agreement. Outside Vendor Signature (if applicable) Date (if applicable) Print Name (if applicable) This form must be returned with authorized signatures to the Kitchen Manager prior to facilities usage: By email: cce.kitchens@cornell.edu Or by mail / drop off: **Cornell Cooperative Extension of Tompkins County** 615 Willow Avenue Ithaca, NY 14850 For Admin Use Only: The Kitchen Manager will sign here when all of the above contractual requirements have been completed. **EXTENSION Authorized Signature** Date