



Kosher Savannah

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APPLICATION FOR KOSHER CERTIFICATION

Company Name: _____

Contact Person: _____ Position: _____

Main Office Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

Plant Address (If different from Main Office): _____

Does your company have any other plants other than those listed above? Yes No

Brand Name: _____

Nature of Product: _____

Are there any other products made in the same facility: Yes No

If yes list products: _____

Do you store any other ingredients in your plant? Yes No

Are there any owners of the company who are Jewish? Yes No

The above question is asked solely to determine whether certain Passover procedures must be followed

Have you ever been certified?: Yes No

If Yes, by whom?: _____

I understand that this is only an application, and does not grant me any Kosher Certification.

Signed: _____

Date: _____