



# Buckeye Kosher

(operated by Columbus Vaad Ho'lr)

## Initial Application

[www.buckeyekosher.org](http://www.buckeyekosher.org) | (614) 654-1645

### APPLICANT INFORMATION

Company Name:

Contact Name:

Email:

Phone:

Address of Business:

City:

State:

ZIP Code:

### CERTIFICATION INFORMATION

Product or Brand Name:

Nature of product:

Number of locations product produced:

Has your product or facility sought kosher supervision before:

Are there other products produced in the same plant:

Are there other products produced on same equipment

### INGREDIENTS

Please list all the ingredients used in the manufacturing of the product. If necessary, use reverse side. (Identify ingredients such as antioxidants, anti-foam/caking, artificial flavoring, coloring, derivatives, emulsifiers, gelling agents, preservatives, and shortening. Include belt releases, Parchment paper, etc.)

#### Ingredient:

Name of Manufacturer:

Manufacturer's address:

City:

State:

ZIP Code:

Name of Supplier

Supplier's address:

City:

State:

ZIP Code:

Is this a certified kosher ingredient?

Kosher Agency:

#### Ingredient:

Name of Manufacturer:

Manufacturer's address:

City:

State:

ZIP Code:

Name of Supplier

Supplier's address:

City:

State:

ZIP Code:

Is this a certified kosher ingredient?

Kosher Agency:

#### Ingredient:

Name of Manufacturer:

Manufacturer's address:

City:

State:

ZIP Code:

Name of Supplier

Supplier's address:

City:

State:

ZIP Code:

Is this a certified kosher ingredient?

Kosher Agency:

#### Ingredient:

Name of Manufacturer:

Manufacturer's address:

City:

State:

ZIP Code:

Name of Supplier

Supplier's address:

City:

State:

ZIP Code:

Is this a certified kosher ingredient?

Kosher Agency:

<b>Ingredient:</b>		
Name of Manufacturer:		
Manufacturer's address:		
City:	State:	ZIP Code:
Name of Supplier		
Supplier's address:		
City:	State:	ZIP Code:
Is this a certified kosher ingredient?		Kosher Agency:
<b>Ingredient:</b>		
Name of Manufacturer:		
Manufacturer's address:		
City:	State:	ZIP Code:
Name of Supplier		
Supplier's address:		
City:	State:	ZIP Code:
Is this a certified kosher ingredient?		Kosher Agency:
<b>Ingredient:</b>		
Name of Manufacturer:		
Manufacturer's address:		
City:	State:	ZIP Code:
Name of Supplier		
Supplier's address:		
City:	State:	ZIP Code:
Is this a certified kosher ingredient?		Kosher Agency:
<b>Ingredient:</b>		
Name of Manufacturer:		
Manufacturer's address:		
City:	State:	ZIP Code:
Name of Supplier		
Supplier's address:		
City:	State:	ZIP Code:
Is this a certified kosher ingredient?		Kosher Agency:

This application does not indicate any commitment upon the part of the applicant or of the Columbus Vaad until a contract has been signed by both parties. All information of this application will be treated as confidential, and none of the information therein will be divulged to any person, partnership, association and corporation.