



APPLICATION FOR
KOSHER CERTIFICATION
COMPANY PROFILE

LVKC KOSHER CERTIFICATION APPLICATION

Rabbi David Wilensky, Rav HaMachsir
LEHIGH VALLEY KASHRUS COMMISSION
2715 W Tilghman Street, Allentown, PA 18104
(610) 289-3182 www.lvkosher.org

Instructions:

Please fill out all of the questions in this application. If the question does not apply, write N/A, and explain if necessary. Make copy of completed signed for your record and return original to the address above. Include 2 samples of each label with your application. Don't forget to include a \$35 filing fee.

I. General Company Information:

Date of Application: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Plant Address (if different from Mailing

Address): _____

City: _____ State: _____ Zip: _____

Company Kosher Liaison: _____

General Manager: _____

Plant Manager: _____

Purchasing Agent: _____

**** ALL INFORMATION THAT IS PROVIDED TO THE LVKC, IS STRICTLY CONFIDENTIAL!**

Schedule of Facility Hours:

Sunday _____ Thursday _____
Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____

Please list Management and Staff:

Name:

Position:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Products Produced Contain:

- DAIRY (milk, and or derivatives) MEAT (Poultry, Beef)
 PAREVE (items containing no meat or dairy)

Items Produced are Sold:

- Retail Commercial Both Private Labels Only

How many people have keys to the facility? _____

Are any owners Jewish (this is asked because there are certain laws that apply if the company is owned by Jews)? _____

Do you have any Jewish Employees? _____

**** ALL INFORMATION THAT IS PROVIDED TO THE LVKC, IS STRICTLY CONFIDENTIAL!**

II. Kosher Information:

Which of the following Kosher services do you wish to have?

- Consultation Visit Initial Inspection
- Plant Certification Product Certification
- Special Production Passover Certification

Do you wish to have other locations certified as well? Yes No

Was this plant ever certified Kosher? Yes No

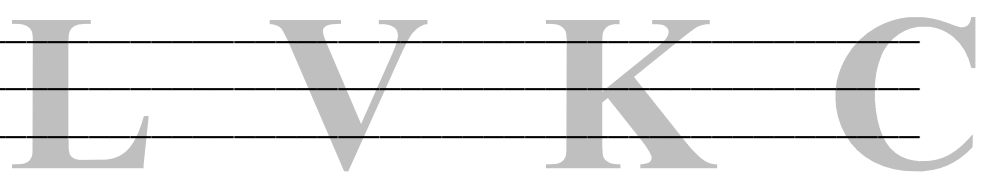
If yes, by whom? _____

(Include copy of previous letter of kosher certification with application)

III. Product Information

Please list products to be certified kosher:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



Add paper for additional list (if necessary)

Is this product manufactured at another location: Yes No

Do you wish to have additional plants approved? Yes No

Are similar products manufactured at other locations: Yes No

Are similar products packaged at other locations: Yes No

Are similar products prepared at other locations: Yes No

Please give details: _____

**** ALL INFORMATION THAT IS PROVIDED TO THE LVKC, IS STRICTLY CONFIDENTIAL!**

Do you co-pack private labels? ☐ Yes ☐ No

Do they wish to be certified kosher? ☐ Yes ☐ No

Brand Names:

LVKC

IV. Ingredient Information

List all ingredients used in kosher products: (list even minute amounts, in decreasing order or predominance, and suppliers' complete names, addresses and phones. Include all suppliers for each ingredient:

INGREDIENT SUPPLIER ADDRESS PHONE

* Please attach list for additional ingredients, listing all suppliers, address, & phone.

**** ALL INFORMATION THAT IS PROVIDED TO THE LVKC, IS STRICTLY CONFIDENTIAL!**

Are the following used at this plant location:

- | | |
|--|--|
| Alcohol? <input type="radio"/> Yes <input type="radio"/> | No Grains? <input type="radio"/> Yes <input type="radio"/> No |
| Animal origin? <input type="radio"/> Yes <input type="radio"/> | No Grape? <input type="radio"/> Yes <input type="radio"/> No |
| Antioxidants? <input type="radio"/> Yes <input type="radio"/> | No Emulsifiers? <input type="radio"/> Yes <input type="radio"/> No |
| Artificial color? <input type="radio"/> Yes <input type="radio"/> | No Meat? <input type="radio"/> Yes <input type="radio"/> No |
| Artificial flavor? <input type="radio"/> Yes <input type="radio"/> | No Pectin? <input type="radio"/> Yes <input type="radio"/> No |
| Dairy Products? <input type="radio"/> Yes <input type="radio"/> | No Preservatives? <input type="radio"/> Yes <input type="radio"/> No |
| Gelatin? <input type="radio"/> Yes <input type="radio"/> No | No Shortening? <input type="radio"/> Yes <input type="radio"/> No |
| Stabilizers? <input type="radio"/> Yes <input type="radio"/> No | |

V. General Comments

Please include any comments that may be pertinent to this kosher application:

V. Signature

Signature Required by Company Representative:

Signature: _____

Print Name: _____

Position: _____

Date: _____

All other uses are unauthorized. Return this form by mail with all necessary information and application fee to:

Rabbi Jonathan Powers
2111 W. Highland Street, Allentown, PA 18104

If you have any questions, please contact Rabbi Powers at (848) 207-6426 or lvckosher@aol.com

**** ALL INFORMATION THAT IS PROVIDED TO THE LVKC, IS STRICTLY CONFIDENTIAL!**