

# African People's Education and Defense Fund



**DEFENDING** the  
**HUMAN** and **CIVIL RIGHTS** of  
the **AFRICAN COMMUNITY.**

**ADDRESSING** the  
**GRAVE DISPARITIES**  
in **EDUCATION, HEALTH,** and  
**ECONOMIC DEVELOPMENT.**

www.apedf.org

727-821-2437

1245 18th Avenue South

St. Petersburg, FL 33705

## APPLICATION FOR USE UHURU JIKO COMMUNITY COMMERCIAL KITCHEN

This application to African People's Education and Defense Fund, Inc. is for the purpose of performing a background and credit check on the person/company listed below. APEDF recognizes that background checks are often used to deny economic opportunities to African people. The results of the background check will not necessarily disqualify you from consideration. APEDF takes into account the situation in our communities as well as your individual situation.

### Owner/Officer/Authorized Company Agent Contact:

Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ Company EIN (Employer ID #) \_\_\_\_\_

Corporation  Sole Proprietor  Nonprofit Corporation  Other: \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Driver Lic/State ID # \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

### References (Business or Personal):

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant hereby certifies that the information in this application is true, correct and complete. By signing this application you are authorizing APEDF to perform a credit and background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_