



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Graham

FIRST NAME

Rye

LAST NAME

978-626-2978

CONTACT NUMBER

978-679-7429

ALTERNATE NUMBER

## COMPANY DATA BASE

[g.rye@btinternet.com](mailto:g.rye@btinternet.com)

EMAIL ADDRESS

Chef Kevins Gourmet  
Catering

COMPANY NAME

[www.chefkevins.com](http://www.chefkevins.com)

WEBSITE URL

[6922 Hollywood Blvd](#)

Address

[San Francisco](#)

City

[CA](#)

State

[94124](#)

ZIP Code

[Eating and Drinking Places](#)

SIC DESCRIPTION

[5812](#)

SIC CODE

[Subsidiary](#)

ENTITY TYPE

[Unknown](#)

COMPANY SALES

[212,800](#)

REVENUE (USD)

[San Francisco](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



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Dr S, Saint Augustine, FL 32080



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