

# THE KITCHEN INCUBATOR PROJECT

## REFERRAL SERVICE USER APPLICATION

\$50 fee must accompany this form (non-refundable)

Application/User #:

Date:

Name:

Business Name (If Applicable):

Business Type (Catering/Value-adding Grower/etc.):

Are you a 501(c)3 non-profit?

How old is this business or is it a business start-up?

Address:

Business Address:

County:

Email:

Phone:

Fax:

Website:

Best Time/Means to Contact:

Alternate Contact:

Relationship:

Phone:

Email:

Best Time/Means to Contact:

Y/N Do you have a business plan available for review?

Company Status (Sole proprietorship, LLC, Corporation, etc.):

Brief Business Description:

Please describe the products you plan on producing at the kitchen you rent/share:

Do any of your products require a *scheduled process* (acidified foods such as pickles, relishes, chutneys, dressings, etc.)?

If yes, have you attended a “Better Process Control School” (“Pickle School”) or equivalent? Please provide details.

Required Equipment:

Required Space (include dry, fridge, freezer storage if applicable):

How often do you anticipate renting?

How long to you anticipate each rental session will last?

Preferred time/s of day:

Preferred day/s of week:

How long do you anticipate storing product (include monthly ingredient/product storage if applicable):

Food Safety Certificate Information (type, name, expiration date):

Applicable Permits/Numbers:

Liability Insurance Information (Beginning date of coverage, name of insurance company, name if insured as it appears on insurance documents):

The following, demographic information is completely optional, and is only being requested to help us in research, writing proposals for funding, and for reporting purposes; it will not be identified with you in any way.

Number of persons in your household (including yourself):

Which of the following would you use to describe yourself?

- African American/Black
- Asian
- Hispanic
- Caucasian/White
- Native American
- Other \_\_\_\_\_

Indicate your highest completed level of education.

- High School/GED
- Associate's degree
- Bachelor's degree
- Graduate degree
- Post-Graduate degree
- Other

Please indicate the range that reflects your total household annual income for the most recent tax year.

- Below \$10,000
- \$10,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$69,999
- \$70,000 to \$89,999
- \$90,000 or above

Nota bene: For the Rent or Share Program, the Kitchen Incubator is providing a referral service only and is not responsible for tenants or prospective tenants, scheduling, facilities, facility owners/managers, etc. This service is conducted in good faith, however, and the Kitchen will not make what it considers to be inappropriate referrals.

KITCHEN STAFF ONLY PLEASE

Staff Name:

Date of Consultation:

Y/N Proof of Inspection

Notes: