



KITCHEN INCUBATOR APPLICATION

Business Name: _____

Contact Person: _____

Address: _____

Mailing Address: _____

(if different)

Email: _____

Telephone: Business _____ Home/Cell _____

Business Status: Existing New Business

Description of Business:

Legal Structure

- Sole Proprietorship
- Partnership
- Limited Liability Co.
- Corporation

Federal Tax ID Number: _____

Date of formation of business: _____

Sellers Permit # _____ Serve-Safe/Other Food Handlers Certificate # _____

Number of Employees _____

Type of processor: Specialty Food Producer Caterer Cart/Street Vendor Restaurant
 Baker other

Gross Sales Projection 1st year in incubator: \$ _____

Are you currently selling your product? _____

Do you have a business plan? if yes, attach a copy. If no, do you need assistance? _____

What food items do you plan on processing? _____

Anticipated Number of hours of kitchen usage: Per week _____ Per month _____

Check equipment you anticipate using:

- | | |
|---|---|
| <input type="checkbox"/> Convection Ovens | <input type="checkbox"/> Conventional Ovens |
| <input type="checkbox"/> 20 Qt. Mixer | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Braising/Tilt Pan | <input type="checkbox"/> Proofing Oven |
| <input type="checkbox"/> Steam Kettle | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Dishwasher/Sanitizer | <input type="checkbox"/> Cooler |

Please attach a 3-5 page business synopsis following a business plan format. Include current financials and/or one page projections. Do you need assistance with this? _____

Signature of applicant: _____ Date: _____

Received by MCDEVCO: _____ Date: _____