## The Hazleton Shared Kitchen Incubator Tenant Application

Da	te:								
Na	me:								
Pho	one:								
1 1 1	Cell/Home Phone					email			
Но	me Addr								
Cit	y/State/Z	ip:							
Bus	siness Na	me:							
Bus	siness Ad	dress (	if different fi	rom above):					
Cit	y/State/Z	′ip:							
Business Status:  □ Pre-Venture Projected Start Date:									
			□ New (1st	Year)	Start	Date	: _		
			□ Existing		Start E	Date	:		
Legal Status:							Typ	be of Business:	
	Sole Proprietorship							Specialty Food Producer	
Corporation (EIN)								Caterer	
	Limited	Liabilit	y Company	/ (EIN	)			Baker	
								Farmers market vendor	
								Food truck/trailer	
							Ot	her	
Wh	iere are y	/00 CU	rrently prep	aring food?					
	At home	e							
	Commis	ssary ki	itchen						
	Food tru	Food truck/trailer							
	Not yet preparing food commercially								
Oth	ner								

What business insurance policies do you currently have in place?

Product liability

- □ General liability
- □ Worker's Compensation
- □ None

Other \_\_\_\_\_

How familiar are you with the regulatory processes governing the products that you plan to make?

- □ Have had approved products in the past.
- □ Have some knowledge of the approval process.
- □ Have not begun to research the process.

Are you ServeSafe Certified?

- □ Yes (date you will need to renew / / )
- 🛛 No
- Do you have a written business plan?
- □ Yes
- 🛛 No

What products do you make?

Please be specific. Example: Baker who sells breads, muffins, and fruit based pastries at farmers markets

What kinds of equipment do you need?

- □ Bun/sheet pan rack
- □ Restaurant range (gas, 24", 4 burners) with space saver oven
- □ Convection oven (gas, double-deck, 5 racks, 13 rack positions)
- D Microwave oven (Amana commercial)
- □ Work Table (stainless steel, L-shaped 84"WX 36"W, 30"D includes prep sink bowl)
- □ Work table (stainless steel, 84"W X 30" D)
- Dishwasher (Hobart under counter)
- □ Hobart Mixer—20 qt
- □ Proofer
- Other\_\_\_\_\_

Will you need storage on the premises?

- Dry storage
- □ Cold storage
- □ Freezer storage

If you require the same fixed schedule each week select the days you need each week

- □ I don't need a fixed schedule
- □ Sunday
- □ Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Approximately how many hours a week do you plan on using the Kitchen?\_\_\_\_\_

Will you have employees working in the Kitchen with you?

- □ Yes (how many?\_\_\_\_\_)
- □ No

How do you sell, or plan to sell, your product?

- □ Farmer's market, food truck, direct to customer
- □ Retail to quick shops, specialty shops
- □ Wholesale to restaurants, stores
- □ On social media or website
- □ I am not certain how I will sell products

Other \_\_\_\_\_

What small business development services would be useful to you? (Please check all that apply)

□ Starting a business: writing a business plan, structuring the busines, identifying essential business needs

- Bookkeeping and financial analysis: spreadsheets, food cost, cost analysis
- Determining type of food business registration and requirements that apply
- Marketing: target customer, pricing, advertising
- Branding: product positioning and design
- Social media support
- □ Web design/e-commerce
- □ Local sales identification (farmers market, pop-up stand, etc.)
- Product market testing (focus groups)
- Microloans and Loan application preparation
- □ Venture capital investor identification and pitch preparation
- Employee recruitment and training
- □ Interviewing suggestions and employee manual preparation
- □ Business mentoring/coaching: one-on-one consulting, group seminars
- Networking with other food entrepreneurs

Date you would like to begin using the kitchen? \_\_/ /