

Tenant Application

Date: _____

Name: _____

Daytime Phone: _____ Emergency: _____ Mobile: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Domain Name/Web Address (if active): _____

Business Name: _____

Business Address: _____

City/State/Zip: _____

Domain Name/Web Address (if active): _____

Driver's License #: _____ (attach copy - include all employees)

Business Status: Pre-Venture Projected Start Date: _____

New (1st year) Start Date: _____

Existing Start Date: _____

Type of Business:

Specialty Food Producer

Caterer

Vendor

Other: _____

Legal Status:

Limited Liability Company

Sole Proprietorship

Corporation

Other: _____

Do you have a State of Idaho Food Establishment License? (If so, please attach copy)

License #: _____ Exp. Date: _____

Do you currently carry Product Liability Insurance? (Attach copy of certificate)

Insurer: _____ Coverage (\$): _____

Briefly describe your business and the products you wish to prepare at the UI commercial kitchen.

List the ingredients used in your product(s). This information is needed for regulatory purposes regarding licensing, cross-contamination and allergen control.

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

What type of equipment do you need to prepare and process your product(s)?

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

What type of equipment do you need to package your product(s)?

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

How do you plan to ship/transport your product(s)?

Do you have a written business plan available for review? Yes No

Do you need business planning assistance? _____

Or, list date business plan will be completed for review: _____

What is your target market?

How do you (plan to) market your product?

How many employees do you have: Full time _____ Part time _____

Will you need temporary employees to help produce your product? Yes No

If you are already in business, has your product(s) proven viable? Yes No

If so, how and where is it prepared?

Where is your product(s) sold?

If you are not in business, have you tested your potential market? Yes No

If so, how was the market tested and what type of feedback did you receive?

Do you have adequate financing for your business? Yes No

Briefly Explain:

What are your production goals?

How many hours (if known) do you expect to use the kitchen?

Per week: _____ Per month: _____

What hours and days of the week do you expect to need the kitchen?

Hours: _____

Days:

Monday Tuesday Wednesday Thursday Friday

Do you need storage space? Yes No

If so, estimate how much space of each type of storage you will need.

Freezer **Space estimate:** _____

Cooler **Space estimate:** _____

Dry Storage **Space estimate:** _____

Do you anticipate needing additional storage space in the future? Yes No

Would you be interested in any of the following services?

Copy Machine Fax Machine Computer Lab

Conference Room Office Space Business Assistance

Please list 3 business references: (Name, Business, Address, Phone)

1)

2)

3)

Please list a good time to meet with the staff at the commercial kitchen to discuss your venture.

Signature: _____ **Date:** _____