

FOOD VENTURE KITCHEN APPLICATION FORM

Date: _____

Applicant Name: _____

Business Name/Proposed Name: _____

Personal Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

SECTION ONE

Check yes or no for each question:

YES

NO

1.1 Will this be a full-time business for you?

1.2 Do you agree to comply with all required regulations

if accepted as a client in The Community Venture Kitchen?

SECTION TWO

(Please attach additional pages if necessary with corresponding question numbers)

2.1 Is your business new or existing?

2.2 If it is an existing business, how long in existence?

2.3 If it is a new business, why do you want to start a business?

2.4 Describe what stage you are in developing your business

2.5 What kind of ownership will your business be? (Sole proprietorship, partnership, corporation?)

2.6 List name(s), address(s), phone(s) of partners, if any.

2.7 Briefly describe your business, its products, and target markets.

2.8 Please describe your experience and background that will help make this business a success.

2.9 How do you think The Food Venture Kitchen can help you start or grow your business?

2.10 If an existing business, how much money have you already invested in this business?

2.11 How do you plan to finance your business?

2.12 Estimated number of employees:

At the beginning: Full-time _____ Part-time _____

After one year: Full-time _____ Part-time _____

After two years: Full-time _____ Part-time _____

After three years: Full-time _____ Part-time _____

2.13 Does your business have any special needs? (High voltage, refrigeration, special security?)

2.14 Do you currently have the following? (Check all that apply)

_____ Business Plan _____ Business Plan Outline

_____ Market Study/Analysis _____ Required Business Permits

_____ Current financial information for yourself and your partners

2.15 Briefly explain why you think your business will be a success:

2.16 What problems do you think your business may have in achieving success?

2.17 Check the areas in which you believe you need assistance in getting your business started:

_____ Marketing Strategy _____ Management (Personnel, accounting, etc)

_____ Financial Help _____ Legal Advice

_____ Other (Please specify): _____

2.18 Frequency of The Community Venture Kitchen use:

_____ Monday From _____ to _____

_____ Tuesday From _____ to _____

_____ Wednesday From _____ to _____

_____ Thursday From _____ to _____

_____ Friday From _____ to _____

_____ Saturday From _____ to _____

_____ Sunday From _____ to _____

2.19 When would you like to begin using the Community Venture Kitchen? (date) _____

2.20 Are you a resident of Las Vegas _____? How Long? _____

2.21 Are you a resident of San Miguel County? How Long? _____

2.22 Please provide any additional information you think is important:

I certify that everything in this application and attached is true to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

Signature _____ Date _____