

Small-Scale Food Processing
Tenant Admission and Business/Technical Assistance

Sample Application for Admittance...Business Information

Date: _____
Business Name: _____
Contact Person: _____
Business Address: _____
Mailing Address (if different) _____
Telephone: Business _____ Cell: _____ Home: _____
E-Mail Address: _____
Website: _____

Business Status: Existing Business _____ Date Started _____
New Business _____ Projected Start Date _____

Do you have a business plan? ___ yes ___ no
Do you currently have business debt? ___ yes ___ no

Description of business and products:

Legal business structure:

_____ Sole Proprietorship _____ Partnership
_____ Limited Liability _____ Corporation: State _____ Date of Inc. _____

Federal Tax ID Number: _____
Seller's Permit Number: _____
Sales Tax Number: _____
Food Handlers Certificate Number _____ Date Expires _____

Licenses Held: Current and Previous

Business Courses Completed:

Business Referrals: Name, Address, Phone, Contact Person

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Sample Application for Admittance...Food Processing Information

| |
|---|
| Date: _____ |
| Business Name: _____ |
| Contact Person: _____ |
| Business Address: _____ |
| Mailing Address (if different) _____ |
| Telephone: Business _____ Cell: _____ Home: _____ |
| E-Mail Address: _____ |
| Website: _____ |

Do you hold a Wisconsin DATCP Food Processing License yes no
If yes when was the initial license issued? _____

Have you attend a certified food handler's course (ServSafe)? yes no
If yes, when does your certificate expire? _____

Have you attend a certified canning class? yes no
If yes, list the name of the course and the date attended.

Have you had previous experience in the food industry? List experiences and dates.

What type of food business(s) will you be developing?
Catering Baking Mobile Vending Specialty Food
Other: _____

Anticipated Days and Hours of use:

Equipment needed:

- _____ Range/Oven
- _____ Convection Oven
- _____ Cooler
- _____ Freezer
- _____ Food Processor
- _____ Steam Kettle
- _____ Proofer
- _____ Bakery Racks
- _____ Dehydrator
- _____ Bottle Filler
- _____ Bottle Labeler
- _____ Mixer
- _____ Tilt/Braising Pan
- _____ Heat Sealer
- _____ Chopper
- _____ Sanitizer

Other: _____

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Business and Technical Assistance Assessment

| |
|---|
| Date: _____ |
| Business Name: _____ |
| Contact Person: _____ |
| Business Address: _____ |
| Mailing Address (if different) _____ |
| Telephone: Business _____ Cell: _____ Home: _____ |
| E-Mail Address: _____ |
| Website: _____ |

What type of business and technical assistance will your business need?

- _____ Feasibility Study
- _____ Business Plan
- _____ Access to capital
- _____ Legal Structure
- _____ Federal Tax #
- _____ Seller Permit
- _____ Trademark
- _____ Insurance
- _____ Inventory Control
- _____ Marketing
- _____ Distribution
- _____ Lab Testing
- _____ Labeling
- _____ Packaging
- _____ Website/Social Media
- _____ Design/Graphics
- _____ Food Licenses
- _____ Regulatory Issues
- _____ Product Development
- _____ Batch
- _____ Custom Packing
- _____ Safety & Sanitation
- _____ Equipment
- _____ Other:

| | |
|---------------------|------------|
| _____ Signature | Date _____ |
| _____ Print name | |

Small-Scale Food Processing Tenant Admission and Business/Technical Assistance

As an incubator, identify what assistance programs you will provide "in-house" and what services will be outsourced is very important to the start-up success of the business you work with.

How will these services be provided? Options for providing in-house assistance include direct one-on-one assistance as needed, group training sessions/workshops, and virtual training are among the most common in-house methods.

If planning to provide referrals to clients/tenants to obtain these services off-site, a referral method and reference of resources should be developed.

1. What services will be provided in-house and how will they be provided?

2. What services will be outsourced? What referral method/materials will be used?

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Business Synopsis

| |
|---|
| Date: _____ |
| Business Name: _____ |
| Contact Person: _____ |
| Business Address: _____ |
| Mailing Address (if different) _____ |
| Telephone: Business _____ Cell: _____ Home: _____ |
| E-Mail Address: _____ |
| Website: _____ |

A business plan will be required within 6 months of admission to the incubator. The following business synopsis will be a brief starting point for the development of a complete business plan.

Simple business plan outline

1. **Summary of your company goals and objectives.**
2. **Description of your company:** Legal establishment, history, start-up plans, etc.
3. **Product or Service:** Describe what you're selling.
4. **Market Analysis:** Identify the market segment you plan to sell your product to. Identify your competitors. What resources and what will you have to do to reach your customers.
5. **Resources needed to reach your goals.** Be specific on how much money you will need, who will do what functions in the business, and what equipment, training, etc. you will need.
6. **Marketing Plan:** How do you plan to market your product(s) What support materials will you need
7. **Web & Social Media Plan:** For e-commerce, include discussion of website, development costs, operations, sales and marketing strategies.
8. **Management and Production Team:** Describe the organization and the key management team members. Who will do what?
9. **Financial Analysis:** Make sure to include at the very least your projected Profit and Loss and Cash Flow tables.