

EDIBLE ENTERPRISE

Tenants Application

Date: _____

Business Name: _____

Contact Person: _____

Current Address: _____

Mailing Address: _____

(If different)

Telephone: Business _____ Home _____

Email Address: _____

Business Status:

_____ Existing Business _____ Approximate Date Started

_____ New Business _____ Projected Start Date

Description of Business and Products/Services provided:

Legal Organization of Firm:

_____ Sole Proprietorship Federal Employer Tax ID # _____

_____ Partnership Louisiana Employer Tax ID # _____

_____ Limited Liability Company

_____ Corporation State: _____ Date of Incorporation: _____

Principal Owners/Stockholders:

Name Address Social Security Number

Sales Tax #: City _____ State _____

Do you have liability insurance? _____ Yes _____ NO

What is the name of your insurance

company: _____

Policy# _____ Expiration Date: _____

Number of Employees (if currently in operation): _____ Full-time _____ Part-time

Gross Sales for last fiscal year: _____ for period _____ to _____

Do you have a business plan? _____ Yes _____ No
If yes, please attach a copy.

If no, do you need assistance in preparing one? _____ Yes _____ No

If you are already in business, has your product been proven viable? If not, briefly describe your obstacles:

Where do you currently market your product(s)?

Please list local, regional, or national/international firms you consider to be your primary competition:

Are you planning to add new product(s) within the next two years? Explain.

Are you planning to expand your markets within the next two years? Explain.

How many new full and part-time employees do you plan to add over the next two years?

Full-time Part-time
Explain:

What are your approximate space requirements?

Office	_____ square feet
Production	_____ square feet
Storage/Warehousing	_____ square feet
Showroom	_____ square feet
Other (explain below)	_____ square feet

Total Needed _____ square feet

What are your projected total space requirements in?

One Year _____ total square feet
Two Years _____ total square feet
Three Years _____ total square feet

Kitchen Facility and Equipment Usage

Anticipated number of hours of kitchen usage needed: Per Week____ Per Month____

Ideal time of day you would use the kitchen facility_____

Check the days of the week you prefer:

Monday____ Tuesday____ Wednesday____ Thursday____
Friday____ Saturday____ Sunday____

Do you need overnight storage space? (Yes or No)

_____ Freezer
_____ Cooler
_____ Dry Storage

<i>Absolute Necessity</i>	<i>Would use if available</i>	<i>Equipment</i>
_____	_____	Range/Oven
_____	_____	Commercial Mixer
_____	_____	Walk-in Cooler
_____	_____	Walk-in Freezer
_____	_____	Convection Oven
_____	_____	Commercial Mixer
_____	_____	Commercial Grinder
_____	_____	Vertical Cutter/Mix
_____	_____	Stainless Steel Tables
_____	_____	Steam Kettle
_____	_____	Dishwasher
_____	_____	Proofer
_____	_____	Food Dehydrator
_____	_____	Packaging Heat Seal

Other:

Please describe what is/will be your personal financial investment and time commitment to this business.

Is it intended that this business provide you or the managing principals with your primary source of income?

What are your projections of needed capital for the business during the next 1-3 years?

Where do you propose to obtain this capital?

How do you think the Incubator can assist you in developing your business?

By signature to this Application for Admittance, applicant acknowledges that the Incubator Program Management may obtain relevant credit and background information with respect to the applicant business and/or its principals.

Applicant's Signature

Date _____

Applicant's Title