

Application Fee: \_\_\_\_\_  
 Date Paid: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_



**Kitchen Incubator Application (\$45 application fee)**

Business Name: \_\_\_\_\_  
 Owner(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_  
 Email/Website: \_\_\_\_\_

Business Status: Existing Business  New Business

Date Established/Projected Start: \_\_\_\_\_

Description of Business and Products/Services provided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Legal Structure of Business:

- Sole Proprietorship
- Partnership
- Limited Liability Company (LLC)
- Corporation

State: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Federal Employer Tax ID#: \_\_\_\_\_

Colorado Employer Tax ID #: \_\_\_\_\_

Principal Owners/Stockholders:

Name	Contact #/Email	Last 4 digits SS or EIN	% of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If business currently in operation:

Gross sales for last year: \_\_\_\_\_

Number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_

Where do you currently market your product(s)? \_\_\_\_\_

Has your business proven viable? If not, what are your obstacles? \_\_\_\_\_

Certificate of Good Standing      YES     NO     \* Provide Copy for file

New and Existing business:

Do you have a Business Plan? Yes     No

If Yes, please attach copy.

If No, do you need assistance preparing one? Yes     No

- Please complete attached Business Synopsis to assist with plan

Describe your personal financial investment and time commitment to this business:

Is the intent that this business be your primary source of income? Yes     No

Please complete 1-year projected cash flows using accompanied form.

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

Where do you propose to obtain this capital? \_\_\_\_\_

Are you planning to expand your markets in the next two years? Explain. \_\_\_\_\_

Are you planning to add new products/services in next two years? Explain. \_\_\_\_\_

How many new employees do you plan to add over the next two years?

Full time \_\_\_\_\_ Part time \_\_\_\_\_

SPACE & SERVICE NEEDS:

**Approximate space requirements:**

Dry Storage: \_\_\_\_\_ sq.ft.  
Refrigeration: \_\_\_\_\_ sq.ft.  
Storage/Warehouse: \_\_\_\_\_ sq.ft.  
Food Truck/Trailer Parking \_\_\_\_\_ sq.ft.  
Food Truck Plug-In \_\_\_\_\_ sq.ft.  
Other: \_\_\_\_\_ sq.ft.

Additional Info: \_\_\_\_\_

Do you have questions or would like additional assistance in the following:

- Business / Start Up
- Financials / Bookkeeping
- Trademark / Tradename
- Marketing
- Food Service Related
- Other \_\_\_\_\_

How would like like the Incubator Program to assist you in your business? \_\_\_\_\_

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**OWNER DEMOGRAPHICS (optional)**

GENDER:	Male	Female	
RACE / ETHNICITY:	Asian	Black/African American	
	Hispanic or Latino	Native American/Alaskan Native	
	White	Native Hawaiian/Pacific Islander	
	Other	Prefer not to answer	
Military Status:	Veteran	Service-Disabled Veteran	Active Duty
	Reserve Service	National Guard Service	N/A
Disability:	Yes	No	
% Women/Minority Owned:	_____ %		

**PLEASE ATTACH A BUSINESS PLAN AND CURRENT FINANCIALS OR ONE YEAR OF PROJECTIONS. A BUSINESS PLAN OUTLINE AND CASHFLOW PROJECTION WORKSHEET ARE ATTACHED FOR YOUR REFERENCE.**

**There is a \$45 fee for application processing. Please include this payment with your application or contact the BIC office to provide payment. This fee must be paid in full before your application will be considered/reviewed.**

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date