

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? _____

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