

BONNER BUSINESS CENTER

Shared-Use Commercial Kitchen

804 Airport Way, Sandpoint, ID 83864
208-263-4073, www.BonnerBusinessCenter.com

Kitchen User Application

Business Name: _____

Name: _____ Date: _____

Phone: _____ Email: _____

Home Address: _____

City, _____ State, _____ Zip: _____

1. Business Status: (Please check one):

Pre-Venture

New (First Year)

Existing

Other: _____

2. Briefly describe your business: _____

3. List product ingredients and equipment you will utilize in your business: _____

4. Is a written Business Plan available for review? Yes No

5. What is your target market? _____

6. Number of employees: _____ Full Time _____ Part Time

7. Anticipated number of hours of kitchen usage needed per week or month: _____

8. Do you desire incubator assistance in any of the following areas: (Check all that apply)

Item Pricing

Bookkeeping

Labeling

Marketing/distribution

Recipe Conversion

Package design

Nutritional analysis

Product stability/shelf life

Business Counseling

Other: _____

9. If you are already in business, has your product proven viable? Yes No

If no, briefly describe why not: _____

10. If you are not yet in operation, have you tested your target market for product acceptance and profitability: Yes No

11. To assure compliance with the regulations set forth by the Health Department and Department of Agriculture, a food handler's permit is required to work in this facility, Do you have a current permit: Yes No

If you do not have a current permit, you may obtain one at no cost by completing the test at www.idahofoodsafetyexam.com.

12. Do you have product liability insurance: Yes No

If no please briefly explain need: _____

13. Estimated usage time of kitchen: (ex. One -time use, weekly, daily, etc.): _____

14. Additional Comments: _____

By signing this application form I certify that this document has been filled out to the best of my knowledge. Upon signing this form I recognize that I will be held to what has been stated on this form. Upon application to use this kitchen facility, I will follow all rules, regulations, and agreements set forth between management and myself.

Signed: _____ *Date:* _____

If accepted as a kitchen user, I would prefer to receive my invoices and other communications by:

Email

Postal Service

(Please mark one.)