

Vermont Food Venture Center User Application

Mail to; VFVC PO Box 138, Fairfax, VT 05454

Date: _____

Name: _____

Phone: Daytime: _____ Evening: _____ Cell: _____

Home Address: _____

City/State/Zip: _____

Business Name: _____

Business Address: _____

City/State/Zip _____

e-mail: _____

Business Status: Pre-Venture Projected Start Date: _____

New (1st Year) Start Date: _____

Existing Start Date: _____

Legal Status:

Type of Business:

Sole Proprietorship

Specialty Food Producer

Corporation EIN _____

Caterer

Partnership EIN _____

Vendor

Other _____

Previous Business Name and Address:

1. Briefly describe your business/food product(s) and the products you wish to prepare at the Kitchen Incubator:

-
-
2. List ingredients needed to prepare your food product(s):
- | | |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |
3. What type of equipment do you require to prepare your product?
- | | |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |
4. What type of equipment do you require to package your product?
- | | |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |
5. How will your product be shipped? _____
6. What is your target market? _____
-
7. How do you (plan to) market your product? _____
-
-
9. What is your annual production goal (i.e., number of units) _____
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