



Application

Organization/DBA: _____

First Name: _____ Middle Name: _____

Last Name: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Mobile: _____

Contact By: Phone Email Do you Own/Manage your Business: Yes No

How many years are you in business? _____ Business Phone : _____

Type of Activity (Check One):

- | | |
|--|---|
| <input type="checkbox"/> Caterer/Personal Chef | <input type="checkbox"/> Baked |
| <input type="checkbox"/> Specialty Food Producer (Frozen) | <input type="checkbox"/> Specialty Food Producer (Canned product) |
| <input type="checkbox"/> Specialty Food Producer (Refrigerated Product) | <input type="checkbox"/> Herbal products for topical use |
| <input type="checkbox"/> Dried products | <input type="checkbox"/> Food Truck |
| <input type="checkbox"/> Farmer, Adding Value to produce (bagged vegetables, apple slices, etc). | |
| <input type="checkbox"/> Farmers Market Vendor | <input type="checkbox"/> Other (Please describe) _____ |

How many users (Check One):

- One Two Three Four

Type of Rental (Check one or more)

- | | |
|--|--|
| <input type="checkbox"/> Onetime kitchen rent - prep only | |
| <input type="checkbox"/> Onetime kitchen rent - prep only | <input type="checkbox"/> Monthly kitchen rent - prep - only |
| <input type="checkbox"/> 6 months Kitchen rent - prep - only | <input type="checkbox"/> Monthly kitchen rent - prep – only |
| <input type="checkbox"/> 6 months Kitchen rent - prep – only | <input type="checkbox"/> Monthly freezer/refrigerator rental |