## **Kickapoo Culinary Center Tenant Admission Application**

Date: Business Name:		
Contact Person:	email Address:	
Business Address:		
Mailing Address (if o	lifferent)	
Phone: Business	Mobile	Home
Food Processing Inf	formation	
Do you hold a Wisconsin DATCP Food Processing License?  If yes, when was the initial license issued:		
Have you attended a certified food handler's course (ServSafe)? Yes No If yes, when does the certificate expire?		
Have you attended a certified canning class?  If yes, list course name and the date attended		Yes No
Do you have previous experience in the food industry?  If yes, list experiences and dates		
What type of food business(es) will you be developing?  Catering Baking Special Food Other		
Business Informatio	n	
Business Status: Existing business Date started New business Projected start date:		
	Do you have a business plan? Do you currently have business debt?	Yes No Yes No
Legal Business Structure:  Sole proprietorship Limited Liability Partnership Corporation: State Date of incorporation		
Seller's Permit Numl Sales Tax Number:	ber: ber: No	_

## Feasibility Study \_\_\_\_ Business Plan \_\_\_\_ Access to capital \_\_\_\_ Legal structure Federal Tax ID# \_\_\_\_ Seller's Permit \_\_\_\_ Trademark \_\_\_\_ Insurance \_\_\_\_ Inventory Control \_\_\_\_ Marketing \_\_\_\_ Distribution \_\_\_\_ Lab Testing \_\_\_\_ Labeling \_\_\_\_ Packaging Website/Social Media \_\_\_\_ Design/graphics Food Licenses Regulatory Issues Product Development \_\_\_\_ Batch Development Custom Packing Safety & Sanitation \_\_\_\_ Equipment \_\_\_\_ Other: Signature Date Print Name

Business and/or technical assistance needs