



## Wholesome Harvest Co-op

30 West Main Street  
Frostburg, MD 21532

### KITCHEN INCUBATOR APPLICATION

Wholesome Harvest Co-op (WHC) seeks to cultivate member-owner food entrepreneurs as they formalize and grow their businesses by providing commercial kitchen space and access to market opportunities.

WHC provides a commercial kitchen space for its member-owners to rent or use. For kitchen incubator applicants, the rental fee is waived during the 3-month incubator period, after which point, an individual can apply for another incubation term or enter into a rental agreement.

The kitchen is only available during the hours listed below. Upon approval of your application, WHFC will contact you to coordinate your schedule. Any changes to your schedule must be submitted a minimum of one week in advance.

Tuesday - Saturday (3:00PM - 8:00PM)

Sunday - Monday (9:00AM - 8:00PM)

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The ideal kitchen incubator applicant will have:

- Business experience and a concrete business plan.
- Exposure to the food community in MD/WV/PA area
- A vision for their business, a larger food community, and local food systems.
- Either a permanent or temporary food facility/vendor license issued by the Allegany County Health Dept. (REQUIRED)

Please fill out this form out and email to [kitchen@wholesomeharvestcoop.com](mailto:kitchen@wholesomeharvestcoop.com) or bring it to our location at 30 W Main St., Frostburg, MD.

Please provide as many of the suggested attachments as you can:

- Resume *or* Employment History
- References/recommendations (optional)
- List of food items that will be prepared/sold to WHC to sell in-store
- List of event dates or preferred kitchen use times
- Proof of general liability insurance (see specifications)
- Copy of Permanent or Temporary Food Facility License issued by the Allegany County Health Dept (required)
- Copy of Hazard Analysis Critical Control Point (HACCP) Plan (if applicable)
- Proof of workers compensation insurance (if applicable)

Benefits of participating in the Incubation Program include:

- Access to the WHC commercial kitchen space
- Wider customer base via WHC audience which may lead to increased sales
- Opportunity to foster new business connections
- Educational opportunities in business management, food safety, sustainable food production and agriculture, and others.
- Opportunity to purchase wholesale organic, sustainably and ethically sourced ingredients from WHC
- ETC.

Thank you for your interest!

**BUSINESS INFORMATION**

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<i>First Name</i>	<i>Last Name</i>	<i>Date</i>
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*WHC Member/Owner # (if applicable)*

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*Business Name*

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*Business Type (i.e. bakery, catering, packaged foods, etc.)*

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<i>Phone #</i>	<i>Email Address</i>
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<i>Mailing Address</i>	<i>City</i>
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<i>State</i>	<i>Zip Code</i>	<i>County</i>
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**EMERGENCY CONTACT INFORMATION**

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<i>Contact Name (1)</i>	<i>Relationship</i>
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<i>Phone #</i>	<i>Email Address</i>
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<i>Contact Name (2)</i>	<i>Relationship</i>
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<i>Phone #</i>	<i>Email Address</i>
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**Please answer the below questions as applicable (if not applicable, answer with N/A)**

What year was your business idea first developed/launched/explored? \_\_\_\_\_

Do you have a business license? Y / N

If so, what type (i.e. LLC, SCORP, Sole Proprietor, etc.) \_\_\_\_\_

Besides yourself, how many employees/volunteers do you have? \_\_\_\_\_

Do you have a working business plan? Y / N

If so, please attach.

Briefly describe your business and product(s):

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Please describe your target market:

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**KITCHEN OPERATION/BACKGROUND/ACCOMMODATIONS**

Have you ever worked in a community kitchen or a shared-use space before?  
Y / N

If other than yourself, who will be cooking?

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<i>First Name</i>	<i>Last Name</i>	<i>Title (if applicable)</i>
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Does this person have professional food experience or culinary training? Y / N

Do you have a current Food Safety Manager or Food Handler Certificate? Y / N  
(If so, please attach)

Are you comfortable using, cleaning and maintaining commercial kitchen equipment? Y / N

Will you be bringing any equipment with you? Y / N  
If yes, please indicate:

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What are your anticipated monthly kitchen use hours?

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Are you flexible in your kitchen hours? Y / N

What are your storage needs? (Please select all that apply)

- Dry food storage
- Equipment storage
- Walk-In Refrigerator storage
- Freezer storage

Do you have any additional off-site storage? Y / N

Will you need to purchase any supplies, inventory, foods, or packaging from WHC? Y / N

**SALES**

What percentage of the items prepared in WHC's kitchen will be made available for WHC to sell in the store? \_\_\_\_\_

Please provide a list of items that will be made available for WHC to purchase to sell in the store. Include estimated retail price along with the wholesale price that WHC will pay to you. OK for this list to change/evolve over time.

Item	Wholesale Price	Estimated Retail Price

Open space for you to include anything not covered by the questions on this form.

## TERMS AND CONDITIONS

Please read carefully and check each box

- Each business using WHC's kitchen is a separate business entity. As such, I understand that I am responsible for complying with the city, state and federal regulations governing food related businesses concerning licensing, food safety and sanitation, taxes, employment, etc.
- I have read the Wholesome Harvest Co-op HACCP plan and agree to operate under and comply with all practices contained herein while using the kitchen.
- I have read COMAR 10.15.03 (found at [http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.15.03.\\*](http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.15.03.*) ) and agree to follow all regulations while using the kitchen.
- I have provided a current and valid copy of my food facility license (permanent or temporary) to Wholesome Harvest Co-op as required by the Allegany County Department of Health and Food Control.
- I understand that 51% of the product I produce must be sold in a face-to-face manner (in Wholesome Harvest Co-op, at a farmers market or event, via catering, etc.) and that all items resold must be properly labeled according to Maryland Law.
- I understand I am liable for any and all issues during kitchen use (including damaged equipment) and from the sale of products, and as such I have obtained personal or business liability insurance that expressly covers product liability, property damage, and personal injury. I agree to keep it active during the duration of kitchen use.
- If special/additional equipment is needed, I have attached the list of items to submit to the Health Department for review.
- I agree to use the space only during my designated time, and understand that my scheduled hours are not final until I receive a confirmation of my schedule.
- I agree to leave the kitchen and equipment in a clean orderly fashion upon my exit and store my supplies and products in my designated area.
- I understand that violation of any of the above conditions will result in loss of kitchen use.
- I verify that the information provided is complete and accurate to the best of my knowledge.**

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*Printed Name*

*Today's Date*

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*Signature*





## DOCUMENTATION

*Please read all of these instructions before proceeding.*

- 1) If you already have a valid and current Permanent or Temporary Food Facility License/Permit through the Allegany County Department of Health:
  - a) Please complete page 10 of this application, "Letter of Consent", and attach a copy of your License to be returned with this application.
  - b) You **do not** need to complete either of the attached Food Facility/Vendor packets
  
- 2) If you **do not** have a valid and current Permanent or Temporary Food Facility License/Permit through the Allegany County Department of Health:
  - a) If your business is a Temporary Event Vendor which intends to operate from a fixed location (WHC) not exceeding 14 consecutive days in conjunction with a single event including but not limited to fairs, carnivals, festivals, community dinners, and similar public gatherings:
    - i) Please see the Temporary Event Vendors Packet (attached). A Temporary Event Vendor Permit **must** be obtained and submitted to WHC to be eligible for approval of this Incubator Application and permit dates **must** coincide with your three month incubation period.
  - b) If your business is a Permanent Food Facility which intends to operate from a fixed location (WHC) on a consistent basis in order to produce food products for sale to the general public:
    - i) Please see the Permanent Food Facility Packet (attached). A Permanent Food Facility Permit **must** be obtained and submitted to WHC to be eligible for approval of this Incubator Application.
  
- 3) If you already have a valid and current ServSafe, FoodHandler, or other qualifying Food Safety Certificate, please attach
  - a) If you **do not** have a valid and current ServSafe, FoodHandler or other qualifying Food Safety Certificate you may be asked by WHC to participate in a ServSafe, FoodHandler or other qualifying Food Safety course as part of your participation in the Incubation Program.
  
- 4) If you already have valid and current Liability Insurance, please attach
  - a) If you **do not** already have valid and current Liability Insurance, you may be asked by WHC to obtain and provide proof of Liability Insurance to be eligible for approval of this application.



Letter of Consent  
Small Food Business Incubation Program  
Wholesome Harvest Food Co-op  
30 W. Main Street  
Frostburg, MD  
301-689-3120

To whom it may concern,

Wholesome Harvest Food Co-op (WHFC) acknowledges the current and valid Temporary/Permanent Food Facility License (attached) issued by the Allegany County

Department of Health to \_\_\_\_\_ for operations of  
(applicant's name)

\_\_\_\_\_ as sufficient proof of eligibility to operate from  
(business name)

our commercial kitchen space to prepare food for the public in participation with the Small Food Business Incubation Program. Please accept this letter of consent in accordance with licensure requirements for Incubator participants as outlined by the Allegany County Department of Health. The applicant understands that any licensure must be renewed upon expiration in order to continue his/her/their participation in the Incubation Program and proof of renewal must be provided to WHFC and the Allegany County Department of Health.

Please accept this letter of consent and the following attachments as evidence of

WHFC's partnership with \_\_\_\_\_ during the agreed  
(business name)

upon incubation period of \_\_\_\_\_ months, beginning \_\_\_\_\_.  
(official only) (official only)

Sincerely,  
Wholesome Harvest Food Co-op

\_\_\_\_\_ and \_\_\_\_\_  
Print (WHFC Representative) Print (Applicant)

\_\_\_\_\_ and \_\_\_\_\_  
Signature (WHFC Representative) Signature (Applicant)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Date)

