



*Get Your Business Cooking*

4487 Lake Avenue  
Lockport NY 14094  
wnyfoodincubator@cornell.edu  
716-433-8839  
cceniagaracounty.org

## WNY FOOD INCUBATOR APPLICATION

DATE: \_\_\_\_\_

### A) GENERAL INFORMATION

Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Business Address:  
\_\_\_\_\_

Telephone: Personal: \_\_\_\_\_ Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

### B) BUSINESS INFORMATION

1. Briefly describe the food products you plan on producing/processing:  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you currently producing/operating?  NO  YES *(if Yes, complete questions 3 and 4)*
3. Where do you currently produce?  
\_\_\_\_\_

**Cornell Cooperative Extension** | **Niagara County**

Lockport 4487 Lake Avenue Lockport, NY 14094 | 716.433.8839 Niagara Falls 1522 Main Street Niagara Falls, NY 14035 | 716.299.0905 Web: cceniagaracounty.org

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4. How/where do you currently market your produce?

\_\_\_\_\_

5. Do you currently have a business plan?  NO  YES (if so, please attach a copy)

6. Do you have any employees?  NO  YES (if so, how many? \_\_\_\_\_)

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

Bookkeeping/Accounting

Logo Design

Pricing

Business Planning

Nutritional Analysis

Recipe Development

Ingredient Sourcing

Marketing/Advertising

Other:

\_\_\_\_\_

Label Design

Packing/Shipping

Other:

\_\_\_\_\_

8. Is the production of your product (s) on a seasonal or year-round basis?

Year Round

Seasonal

Time of Year:

\_\_\_\_\_

### C) FOOD PREPARATION/PROCESSING BACKGROUND

9. Do you have formal/professional food experience?  NO  YES (If yes, briefly explain below)

\_\_\_\_\_

\_\_\_\_\_

10. Do you have food safety training?  NO  YES (If yes, list the courses/certificates below)

\_\_\_\_\_

11. Do you have a home processors license?  NO  YES

12. Do you have an Article 20-C food processing license?  NO  YES

### D) ANTICIPATED SCHEDULE AND NEEDS

13. Anticipated number of hours of kitchen usage needed: \_\_\_\_\_

Per Week: \_\_\_\_\_ hours

Per Month: \_\_\_\_\_ hours

14. What time of day do you plan to produce?

- Morning      Afternoon      Evening

15. What day(s) do you plan to produce?

- Monday      Tuesday      Wednesday      Thursday      Friday      Saturday  
 Sunday

16. Do you need overnight storage space?      NO      YES (If yes, please select which type of storage below)

- Freezer      Cooler      Dry Storage

17. Which equipment would you be interested in using? (Please select all that apply)

- Convection Oven  
 Commercial Mixer                                          Filling and Packing Equipment  
 Commercial Food Processor                                          Vacuum Packing Equipment  
 Jar Label Applicator      Kitchen Utensils

18. How did you hear about the WNY Food Incubator?

\_\_\_\_\_

Please return this application by mail/email or fax to:  
Cornell Cooperative Extension of Niagara County  
Attn: Amanda Henning  
4487 Lake Avenue., Lockport, NY 14094  
[app27@cornell.edu](mailto:app27@cornell.edu)  
Fax: 716-438-0275