

Get Your Business Cooking

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

WNY FOOD INCUBATOR APPLICATION

DA	ATE:					
A)	GENERAL INFORMATION					
Na	ime:		Name of Business:			
Ma	ailing Address:					
Bus	siness Address:					
Tel	lephone: Personal:		Business:			
Em	nail Address:					
We	ebsite:					
	BUSINESS INFORMATION Briefly describe the food products you plan on pr	oducing/pro	ocessing:			
	——————————————————————————————————————	O . 1				
2.	Are you currently producing/operating?	☐ YES	(if Yes, complete questions 3 and 4)			
3.	Where do you currently produce?					

Growing Minds, Growing Communities

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4.									
5.	5. Do you currently have a business plan? \(\simeg\) NO	Do you currently have a business plan? ☐ NO ☐ YES (if so, please attach a copy)							
6.	6. Do you have any employees? \square NO \square	\square YES (if so, how many?)							
7.	Do you desire assistance in any of the following areas: (Check all that apply)								
	☐ Bookkeeping/Accounting ☐ I	∟ogo Design	☐ Pricing						
	☐ Business Planning ☐ I	Nutritional Analysis	☐ Recipe Development						
	☐ Ingredient Sourcing ☐ I	Marketing/Advertising	☐ Other:						
	☐ Label Design ☐	Packing/Shipping	☐ Other:						
8.	3. Is the production of your product (s) on a season	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 by the second of the secon									
10.	D. 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.	2. Do you have an Article 20-C food processing license? ☐ NO ☐ YES								
D) /	D) ANTICIPATED SCHEDULE AND NEEDS								
13.	13. Anticipated number of hours of kitchen usage needed:								

	Per Week:	hours	Per Month	n:h	iours		
14.	What time of day do you plan to produce?						
	☐ Morning	☐ Afternoon	☐ Evening				
15.	. What day(s) do you plan to produce?						
	\square Monday	\square Tuesday	\square Wednesday	\square Thursday	\square Friday	☐ Saturday	
	\square Sunday						
16.	Do you need ove	ernight storage s	space? \square NO	\square YES (If ye	s, please selec	t 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					
	$\ \square$ Commercial	Mixer		☐ Filling and Packing Equipment			
	☐ Commercial Food Processor			☐ Vacuum Packing Equipment			
	☐ Jar Label App	☐ Jar Label Applicator ☐ Kitchen Utensils					
18.	How did you hea	ar about the WN	IY Food Incubator?				

Please return this application by mail/email or fax to: Cornell Cooperative Extension of Niagara County Attn: Jen Regan 4487 Lake Avenue, Lockport, NY 14094

jcr284@cornell.edu Fax: 716-438-0275