

Broome Incubator Kitchen



Welcome.....	1
Membership Overview.....	2
Fees, Rentals & Payment Processing.....	3
Requirements & How To Get Started.....	5
Membership Agreement.....	7
Terms of Use & License Agreement.....	9

Welcome

Thank you for your interest in becoming a member of the **Broome Incubator Kitchen** located at the **Broome County Regional Farmers Market** in Binghamton, NY.

Cornell Cooperative Extension of Broome is proud to own and operate its own certified, shared use kitchen designed to help food entrepreneurs launch, grow, and strengthen their businesses. Our mission is to provide an accessible first step by removing the financial and logistical hurdles of setting up and running a commercial kitchen, reduce start-up risk, and enable entrepreneurs to focus on bringing their products to market. We offer a variety of food incubator services, including assistance with licensing, value-added production, and more.

Please read through this **Membership Guide**, including the **Terms of Use & License Agreement** before completing the online [Interest Form](#).

If you would like assistance with any part of this application, licensing process, or food incubator resources, please contact the Kitchen Manager at kam494@cornell.edu.

We look forward to working with you!

Membership Overview

As a Broome Incubator Kitchen member, you gain access to a fully licensed commercial kitchen designed to support food entrepreneurs at every stage. Our newly renovated space offers two full production areas. Membership includes use of shared equipment, complimentary storage, dedicated business support through CCE Broome County, and opportunities to grow your food business through our broader network. Whether you're preparing for market, scaling production, or testing new products, the Broome Incubator Kitchen provides the space and resources you need to succeed.

Membership Benefits

- **24/7 Kitchen Access** With manager approval through our booking platform
- **Commercial Grade Equipment** Use of shared equipment and smallwares
- **Complimentary Storage** Members receive access to shared walk-in cooler, walk-in freezer, and dry storage areas at no additional cost. Storage space is limited and assigned based on availability. Additional space may be requested for an added fee.
- **Complimentary Cleaning Supplies** Dish soap, sanitizer, sponges, paper towels, and more
- **Farmers Market Prep** Kitchen A is available to Farmers Market vendors every Saturday from 7:00am to 2:00pm at no charge, for market-related prep only. Please note that Kitchen B is not available for market prep use.
- **On-Site Staff Support** Staff are available during weekday hours for guidance.
- **Business Incubation Services** Access to support with licensing, permits, food safety, and business development resources.
- **CCE-BC Network Opportunities** Access a range of opportunities, including:
 - Broome County Regional Farmers Market vending
 - Taste NY retail placement at Front Street and Southern Tier Welcome Center
 - Community workshop teaching opportunities

Equipment Overview

- Stainless Steel Prep Tables (1 or 2 per Kitchen)
- Prep Refrigerator (1 per Kitchen)
- 2 Bay Stainless Steel Prep Sink (1 per Kitchen)
- 3 Bay Stainless Steel Wash Sink (Shared)
- CMA Dish Machine (Shared)
- Southbend 10 Burner Gas Range with Convection Oven OR 6 Burner Range with Griddle
- Double Stack Blodgett Convection Oven (1 per Kitchen)
- Cleveland Tilt Kettle (25 Gallon)
- Cooling Rack with Full-size Sheet Trays (1 per Kitchen)
- Ice Machine
- KitchenAid with Pasta Sheeter & Cutter (2)
- Assorted Kitchen Smallwares, including Pots and Pans, Cooking Utensils, and More
- Additional Equipment Available Upon Request
- More Equipment to Come

Last Updated: July 13, 2026

Cornell Cooperative Extension | Broome County

Fees, Rentals & Payment Processing

Our **tiered monthly rental system** makes kitchen use simple and predictable. Choose the Tier that aligns with your production needs and get a set number of included hours at a consistent rate. Choose the Tier that fits your workload, and adjust it month-to-month as your production grows or slows. Please note that hours are nonrefundable and do not roll over.

Membership Tiers

Tier	Hours Included	Monthly Rate	Rate/Hour
Tier 1 - Express	3	\$75	\$25
Tier 2 - Hourly	5	\$125	\$25
Tier 3 - Limited	10	\$250	\$25
Tier 4 - Standard	20	\$500	\$25
Tier 5 - Moderate	30	\$725	\$24
Tier 6 - Frequent	40	\$920	\$23
Tier 7 - Consistent	50	\$1,100	\$22
Tier 8 - Dedicated	60	\$1,250	\$21
Tier 9 - Anchor	80	\$1,600	\$20

Security Deposit & Annual Kitchen Membership Fee

- **Security Deposit** \$150 per member, due upon signing the Terms of Use & License Agreement. This deposit covers potential damage, loss, or cleaning issues and is refundable at the end of the contract period if all conditions are met, including leaving the kitchen and equipment clean and in good working order. CCE-BC may deduct fees from the deposit for violations of the Terms of Use. Any damages or repairs exceeding \$150 will be invoiced separately.
- **Annual Kitchen Membership Fee** \$150 per member, due at the start of the membership year. This fee supports access to our centralized kitchen platform The Food Corridor (online scheduling with real-time kitchen availability, centralized billing and payment processing, and document management), business incubation services, and other administrative resources that help members make the most of the Broome Incubator Kitchen.

Rental Procedures & Policies

- **Booking Kitchen Time** Kitchen rentals can be booked up to 90 days in advance through the online platform. We encourage reoccurring weekly or monthly rentals based on your anticipated monthly usage and selected Tier.
- **Facility Access** Available 24/7. Access is granted only after agreements are signed, payment is received, and kitchen orientation is completed. Once approved, members will be issued a unique card for kitchen entry. **Please note:** access must always be pre-approved.
- **Rental Includes** While renting the kitchen, members have access to all shared applications, smallwares, and tools owned by the Incubator Kitchen. We are pleased to include the following for no additional cost: 1. Cleaning supplies 2. Waste disposal 3. Allocated storage space (shared walk-in cooler, walk-in freezer, and dry storage). Storage space is limited and assigned based on availability. Additional space may be requested for an added fee.
- **Wifi** Network name: FMBroome, password: **buylocal**

Rental Policies

- **Cancellations** Members must cancel bookings 72 hours in advance directly on the booking platform. Bookings cancelled less than 72 hours from the scheduled time will incur a \$25 cancellation fee. In the case of a no-show, the member will be charged for the time slot. Emergent situations are always taken into consideration.
- **Additional Hours** Additional hours beyond your Tier are invoiced monthly at the same hourly rate, or the lower rate of the next Tier. Members who fall short of their Tier by more than 5 hours for two consecutive months may be moved to the lower Tier to ensure equitable scheduling.
- **Changing Tiers** Members may request to change their Tier (up or down) with at least 14 days notice prior to the start of a new month.
- **Rentals Subject to Change** Recurring rentals are subject to change with advanced notice based on the Broome County Regional Farmers Market building rentals and special events.

Payment Terms

- **Monthly Rent** Invoices are issued through the centralized kitchen management platform, The Food Corridor, on the 3rd of each month. If you choose to pay by bank transfer or credit card, you will be automatically billed and charged on the 5th. If you choose to pay by cash or check, payment is due by the 10th. **Payments received after the 10th will incur a \$25 late fee.** Members may not book hours for the following month until all outstanding balances are paid.
- **Payment Methods & Processing Fees** All invoices are subject to a processing fee and may be paid through the Food Corridor or to CCE-BC directly by the following methods:
 - **Credit card (4% fee)** — Automatic credit card payments are billed on the 5th.
 - **Bank transfer (2% fee)** — Automatic bank transfers are billed on the 5th.
 - **Check (2% fee)** — Payable to *Cornell Cooperative Extension of Broome County*. Please mail to 840 Front St, Binghamton, NY 13905 or place in the secured drop box located inside the dry storage. Please note: Returned checks will incur a \$25 fee.
 - **Cash (2% fee)** — Accepted in person at the CCE Broome office Information Center, located at the top of the stairs of the brick building (M-F, 8:30am-4:30pm)

Requirements & Next Steps

Paperwork Requirements

1. Food License or Permit
 - a. Broome County Health Department Food Service Permit / Mobile Food Permit OR
 - b. NYS Ag & Markets Article 20-c Food Processing License
2. ACORD25 Certificate of Liability Insurance (COI) **See Sample Certificate (pg 6)*
 - a. Must include a \$1 million minimum policy
 - b. Must include Auto Liability: If a Business Entity - \$1,000,000 CSL Covering any Owned, Non-Owned and Hired Automobiles. If an Individual/Sole Proprietor - Combined Single Limit (CSL) - \$300,000 or Split Limit of \$250,000 per individual. \$500,000 per accident.
 - c. Must indicate Y/N for Worker's Compensation
 - d. Must list Cornell Cooperative Extension of Broome County at 840 Upper Front St, Binghamton, NY 13905 as the additionally insured
3. Broome Incubator Kitchen Membership Agreement & Terms of Use Agreement, Signed (pg 8, 9)

Next Steps

1. **Membership Guide** Please review this document to understand our policies and requirements.
2. **Interest Form** Submit an online Interest Form found [here](#).
3. **Food Corridor Account** After we review your interest form, we will email you an invitation to create an account in The Food Corridor, our online kitchen management platform.
4. **Permit** Apply for your food permit/license or upload to The Food Corridor if you already have it:
 - a. Permit to Operate a Food Establishment with the [Broome County Department of Health](#) **OR**
 - b. Article 20-C Food Processing Establishment License with [NYS Agriculture & Markets](#)
 - c. If required, submit a scheduled process with [Cornell Food Venture Center](#)
5. **Insurance** Obtain an ACORD25 Certificate of Liability Insurance (COI) or upload to The Food Corridor if you already have it.
6. **Kitchen Orientation** Once all required documentation has been uploaded, we will contact you to confirm your membership and set up a kitchen orientation before your first booking. This is required to review operations, cleaning, and safety procedures. It is also when you will:
 - a. Sign the **Membership Agreement and Terms of Use & License Agreement**.
 - b. Pay the \$150 refundable **security deposit** by cash/check.
7. **First Payment** Your first invoice will be issued through The Food Corridor. This will include the \$150 **annual kitchen membership fee**, and your first month's rent at your selected Tier.

Sample Certificate of Liability Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Must be Current

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Main Street Agency US 123 Main St Anytown, NY 11111 INSURED John Doe Vendor (must match contract exactly) 100 2nd Street Anytown, NY 11111	CONTACT NAME: Jane Smith PHONE: 607-123-4567 (R.A.E., N.O.) E-MAIL: jsmith@mainstagency.com ADDRESS: <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: NY Authorized Insurer 1</td> <td>1111</td> </tr> <tr> <td>INSURER B: NY Authorized Insurer 2</td> <td>1</td> </tr> <tr> <td>INSURER C: NY Authorized Insurer 3</td> <td>2222</td> </tr> <tr> <td>INSURER D: NY Authorized Insurer 4</td> <td>2</td> </tr> <tr> <td>INSURER E:</td> <td>3333</td> </tr> <tr> <td>INSURER F:</td> <td>3</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NY Authorized Insurer 1	1111	INSURER B: NY Authorized Insurer 2	1	INSURER C: NY Authorized Insurer 3	2222	INSURER D: NY Authorized Insurer 4	2	INSURER E:	3333	INSURER F:	3
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INSURER A: NY Authorized Insurer 1	1111														
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INSURER C: NY Authorized Insurer 3	2222														
INSURER D: NY Authorized Insurer 4	2														
INSURER E:	3333														
INSURER F:	3														

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☒ EXCESS ☒ LOC OTHER:	Y Y	1234567	01/01/17	01/01/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$ 1,000,000
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☒ ALL OWNED AUTOS ☐ HIRED AUTOS ☒ SCHEDULED NON-OWNED AUTOS UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$		2345678	01/01/17	01/01/18	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y / ☐ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y / N ? N / A	4567890	01/01/17	01/01/18	PER STATUTE ☒ OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEES \$ E.L. DISEASE - POLICY LIMIT \$
D	Liquor Legal Liability (If required)		PL11223344	01/01/17	01/01/18	\$1,000,000 per Occurrence or Claim
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Describe services being provide to CCE, include relevant dates per the agreement. Identify Additional Insureds as required by agreement.						

CERTIFICATE HOLDER	CANCELLATION
Cornell Cooperative Extension of Broome County 840 Upper Front Street Binghamton, NY 13905	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Must be signed by Authorized Agent.

ACORD 25 (2014/01)

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Must be either this edition date or 2016.

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Membership Agreement

We welcome you to the **Broome Incubator Kitchen**. This is a shared space for everyone, and we ask that all members use it responsibly and considerately. This includes timely payment of fees, following kitchen rules, and treating equipment and supplies with care. Please leave the kitchen in a condition that you would like to find it, and adhere to the procedures and policies outlined below:

Payment Agreement

- It is the member's responsibility to pay on time.
- Rent is based upon the agreed upon Tier and is due by the 10th of each month.
- Payments received after the 10th will incur a \$25 late fee.
- Members may not book hours for the following month until all outstanding balances are paid.
- Refundable \$150 security deposit must be received prior to issuance of kitchen access.

Use of Facilities Agreement

- **Kitchen Access** Access is granted only after approval from the kitchen manager. Members must sign the rental log upon arrival and departure.
- **Unattended Cooking** Stoves and ovens must not be left unattended.
- **Cleaning Requirements** Leave the kitchen as you found it, including counters, stoves, ovens, sinks, floors, and equipment. Floors must be swept and mopped. Failure to follow cleaning guidelines may result in a \$50 cleaning fee.
- **CCE-BC Property** All items provided by CCE-BC shall always remain in the kitchen and be returned to their appropriate location after use.
- **Kitchen Members Property** It is prohibited to handle the property of other kitchen members.
- **Property Damage & Liability** Any member whose actions or negligence result in damage to kitchen property or equipment, or the loss or spoilage of food or materials belonging to the kitchen or other members, may be held financially responsible for the associated costs, including repair or replacement.
- **Food Label Requirements** All food items must be labeled with the business name, food name, and date. Any unlabeled or expired items are subject to be disposed of at the discretion of the kitchen manager.
- **Waste Removal** Members must remove their own garbage and recycling. Bagged trash and clean, unsoiled recycling should go in the bins outside the kitchen. Replace the kitchen garbage bag for the next user. Items that don't fit must be disposed of in the dumpster at the property entrance.
- **Reporting Issues** Report any issues to the kitchen manager (broken equipment, pests, etc.)
- **Closing Kitchen** Ensure that all stoves, ovens, faucets, and dishwasher are turned off at the end of use. Shut off all lights and ensure doors are securely locked upon leaving.
- **Age Requirement** Kitchen access is limited to individuals age 18 or older.
- **Hold Harmless Agreement** All workers and volunteers must sign a Hold Harmless Agreement, effective for the calendar year.

In Case of Emergency

- Please note the location of the first aid kit and fire extinguisher.
- **In case of emergency**, in addition to calling 911 as appropriate, please contact the following:
 1. Katie Matsushima (607) 765-2945
 2. Amy Willis (607) 427-1682
 3. Amy Wieber (607) 427-0835
- **The following are examples of emergencies**; personal injury, extensive property damage, issues involving fire, gas and water leaks. Do not independently call any of the following; plumber, locksmith, electrician etc. for repairs.
- **Accident/Incident Report** must be completed whenever there is an accident/incident involving employees, volunteers, participants, tenants, the general public, property or vehicles. Complete this report within 12 hours of the incident. Blank forms can be found in the back of the rental log located next to the utility closet.

Termination of Kitchen Use

- Failure to comply with any part of this agreement — including payment obligations, cleaning requirements, proper use of equipment, or food safety procedures — may result in termination of kitchen privileges.
- Members will receive up to three written warnings for violations before termination considered.
- Serious violations (e.g., safety hazards, intentional damage, or repeated nonpayment) may result in immediate termination at the discretion of the kitchen manager.

We look forward to a continued successful working relationship. Please contact the Kitchen Manager with any questions.

I have read the Membership Agreement and understand the terms of its content, indicated by my signature below:

Signature: _____ **Date:** _____

Legal Name for Refund: _____

(Name under which checks are cashed; necessary to process refunds)

OFFICE USE ONLY

Security Deposit (cash/check), Received By: _____ **Date:** _____

Key Fob # _____ **Distributed By:** _____ **Date:** _____

Terms of Use & License Agreement

This LICENSE is between Cornell Cooperative Extension of Broome County and _____ (LICENSEE) who is granted this license to use the kitchen facilities indicated above subject to all the terms, conditions and teaching kitchen procedures herein.

1. LICENSE shall indemnify and hold harmless Cornell Cooperative Extension, their employees, volunteers, agents, Directors and officers and Cornell University from and against any and all actual or alleged claims, suits or demands of any kind and nature whatsoever that result from injury or illness to any person or persons, including death, or damage to property arising out of any act or omission of the LICENSEE, its employees, volunteers, participants or agents and arising out of its use and occupancy of the premises indicated above. LICENSEE shall be fully responsible for supervision and care of minors. LICENSEE is solely responsible for examining the facilities for suitability for all activities contemplated herein and accepts the facilities "as is".
2. The LICENSEE shall provide a Certificate of Insurance to Cornell Cooperative Extension at least ten (10) business days prior to the first date of facility usage or event, showing evidence of the following minimum limits of insurance or as required by law, whichever is greater. Said certificate shall name Cornell Cooperative Extension of Broome County as additional insured with not less than 10 day notice of cancellation. P. W. Woods will review the certificate for approval. All insurance must be written in a New York State Licensed insurance company with a Best's rating of A- or better. Certificate must be signed by an authorized representative of the insurance company and indicate the event/reason for facilities usage on the Certificate. Insurance required of the LICENSEE shall be primary and noncontributory in all respects to any insurance carried out by Cornell Cooperative Extension and shall not look to Cornell Cooperative Extension insurance for any contribution towards claims arising out of the use of the Facilities by the LICENSEE.
 - a. Comprehensive General Liability including Contractual, Personal and Advertising Injury, and Products/Completed Operations, with a minimum combined single limit occurrence of \$1,000,000 and \$2,000,000 aggregate.
 - b. Worker's Compensation, if required by law. If not required, initial _____
 - c. Auto Liability: If a Business Entity - \$1,000,000 CSL Covering any Owned, Non-Owned and Hired Automobiles. If an Individual/Sole Proprietor - Combined Single Limit (CSL) - \$300,000 or Split Limit of \$250,000 per individual. \$500,000 per accident.
 - d. If any other Outside Vendor is being used for the event, they must provide certificates of insurance with the same requirements as the Licensee and sign this form.
 - e. If alcoholic beverages are being served, sold or distributed during the use, a Certificate of Insurance showing proof of Liquor Legal Liability of not less than \$1,000,000 per Claim/Occurrence.

Groups not affiliated with Cornell Cooperative Extension systems or programs of Cornell Cooperative Extension must make it clear in advertising that Cornell Cooperative Extension is not a sponsor/co-sponsor or co-host of the meeting or activity of LICENSEE's group. Cornell Cooperative Extension is not responsible for handling calls about events being held by groups not affiliated with Cornell Cooperative Extension. Do not list Cornell Cooperative Extensions phone number in event publicity. Required language would look like "X meeting is being held at the Cornell Cooperative Extension Farm Market Kitchen located at (address). This is not a program of Cornell Cooperative Extension of Broome County and the use of the CCE Broome kitchen does not imply endorsement of the program or activity.

3. Parking is permitted in the designated areas ONLY.
4. No use of the facilities by the LICENSEE until all terms and conditions are met including insurance and authorized signature of a Cornell Cooperative Extension representative.

I/we (LICENSEE) consent to the terms/rules/conditions of said Use of Facilities Agreement as set forth by Cornell Cooperative of Broome County. Failure to adhere to said rules/regulations/conditions as outlined in this Use of Facilities Agreement, and/or any other correspondence/forms relating to said usage, will result in loss of facilities use privileges without regard to compensation.

Exact Business Name (LICENSEE)*	Phone Number
Print Name	Title
Authorized Signature	Date

**LICENSEE name must match your exact legal business name as it appears on your ACORD 25 Certificate of Liability Insurance (COI).*

OFFICE USE ONLY	
Received by Cornell Cooperative Extension of Broome County:	
Received By: _____	Date: _____
Membership Approval: _____	Date: _____