

Exhibit 8

La Cocina Application Form

La Cocina offers opportunities to qualified new business start-ups and existing small food businesses that can significantly benefit from affordable access to a licensed commercial kitchen space, technical assistance and training in food industry techniques and business operations.

La Cocina is looking for candidates that already have a food business or that have a viable business idea. The candidates should have:

- A desire to formalize and expand their food business and a plan for how to achieve that growth.
- Experience operating a food business, formally or informally, for at least 6 months and/or relevant work experience.
- A personal support network.
- An entrepreneurial spirit, enthusiasm and persistence.
- A vision for the business.

Admittance to La Cocina is a highly competitive process that takes into account many factors. Promising candidates will be interviewed by La Cocina and an individually advisory committee of industry professionals. There is limited space in the kitchen. As businesses move from pre-incubation to incubation and onto graduation spaces open up for new candidates.

Please fill out this form and mail, fax, email or drop it off in person.

Mail: La Cocina
2948 Folsom Street
San Francisco, CA 94110
Email: apply@lacocinasf.org
Phone: (415) 824-2729 x303

CONFIDENTIALITY POLICY:

We will ask you to share some personal information so as to be able to determine the impact of the program on its participants once they are admitted. The information you share with us will remain strictly confidential (we will never identify you by name or share your personal information without your signed permission).

I understand the confidentiality policy and hereby give permission to La Cocina staff to use my information for program evaluation and reporting purposes.

Signature

Date

Applicant Information

Contact:

First Name: _____ Middle Name: _____

Last Name(s): _____

Mailing Address: _____

City: _____ Zip Code: _____

Work or Business Phone: () _____ Home Phone: () _____

Cellular: () _____ Fax: () _____

Email: _____ Website: _____

Personal Demographic Information

Gender: Male Female Transgender Decline to Identify

Date of Birth: _____

Ethnicity:

Please describe your national or ethnic backgrounds (for example: Filipino, Mexican, Chicana, African-American, etc). If you belong to more than one ethnic group, please list all ethnic groups:

Race (Check all that apply):

Asian Pacific Islander Black Latino/Hispanic
 Causcasian, European American Native American or Alaska Native
 Other, please specify: _____

Country of Origin:

The following question is optional. Your answer will help track the demographics of applicants and participants.

Were you born in the United States? Yes No

If born outside the U.S., please indicate country of origin: _____

Languages Spoken:

What language(s) do you speak at home? _____

How would you rate your fluency in English? Check the answer that applies.

I am a fluent English speaker.

I am comfortable speaking in English and I can read and write fairly well in English.

I am comfortable speaking and understanding spoken English, but not reading and writing in English.

I can understand spoken English, but cannot speak it myself or read and write in it.

Other. Please explain:

How would you rate your fluency in Spanish? Check the answer that applies.

I am a fluent Spanish speaker.

I am comfortable speaking Spanish and I can read and write fairly well in Spanish.

I am comfortable speaking speaking and understanding spoken Spanish, but not reading and writing in Spanish.

I can understand spoken Spanish, but cannot speak it myself or read and write in it.

I do not understand, speak, read, or write in Spanish.

Other. Please explain:

Education:

What is the highest grade that you completed in high school?

Did you graduate from high school? Yes No

Highest degree received: _____

Name of School: _____

Disability Status:

Do you have a disability that requires special accommodation? Yes No

If yes, please describe:

Medical Status:

Do you have any medical conditions that might affect your safety in a commercial kitchen (allergies, medications, etc.)?

If yes, please describe:

Household Information

A household can consist of a spouse or domestic partner, children (including stepchildren and foster children), parent and siblings who live together and share income.

Household Composition:

How many people, including yourself, live in your household and share income?

Number of adults, 18 years or older (including yourself): _____

Number of children (below 18); _____

Please list the birth dates for any children in your household (up to 8):

Name	Day	Month	Year

How many other dependents (for example, elderly relative and/or adult children) do you have?

Are you the head of household?

Monthly Sources of Income	You	Other Adults in Your Household
Employment/Job	\$	\$
Income drawn from business/self-employment	\$	\$
Disability Payments	\$	\$
Unemployment Benefits	\$	\$
Social Security Benefits	\$	\$
Public Assistance	\$	\$
Other	\$	\$
Total:	\$	\$

Monthly Expenses	Total Household Bills
Rent/Mortgage	\$
Food	\$
Credit Card Payments	\$
Loan Payments	\$
Car Expenses (payment, insurance, maintenance)	\$
Child Related Costs (tuition, childcare, toys, books, child support, etc.)	\$
Other (use additional sheet if necessary)	\$
Total	\$

Assets and Liabilities	Assets (current value)	Liabilities (money owed)
Real Estate (Home and Mortgage)	\$	\$
Vehicles (cars and car loans)	\$	\$
Cash (savings and checking)	\$	
Business assets and liabilities	\$	\$
Credit Cards		\$
Student Loans		\$
Other Liabilities		\$
Other Assets	\$	
	\$	\$

La Cocina requires proof of income, please attach CURRENT proof of income (dated within the last 1-2 months) for each source of income listed on the previous page that you or anyone in your ENTIRE household receives.

YOUR APPLICATION WILL NOT BE REVIEWED UNTIL ALL PROOF OF CURRENT INCOME IS SUBMITTED

✓	Sources of Income (Gross Amount)	PROOF REQUIRED
		Copies of 1040's or tax return from most recent tax period
	Salary/wages from a job	A minimum of two current pay stubs. If your hours vary please provide a minimum of 4-6 pay stubs.
	Self-employment income	Signed documentation of income and business expenses itemized* for the last three months. (If income varies provide 6-12 months)
	Help from family/friends	Signed letter from family member/friend specifying amount
	Child Support	Current proof of child support payments
	Unemployment Ben.	Current benefit stubs from EDD (min. of 2)
	TANF (AFDC)	Current computer printout of benefits amount
	General Ass. (GA)	Current computer printout of benefits amount
	Social Security (retirement)	Current letter of benefit amount from SSA
	Supplemental Security Income (SSI)	Current letter of benefit amount from SSA
	Disability Benefits (SSDI, SSI, SSP)	Current letter of benefit amount from SSA
	State Disability Insurance (SDI)	Current letter of benefit amount or payment stubs from EDD
	Food Stamps	No proof required
	WIC benefits	No proof required
	Other Income Describe:	Itemized* statement signed by you or your employer of miscellaneous income (i.e. odd jobs) including earnings for the last three months (current income statements from worker's compensation, pension, bank account interest, rents, estates, educational assistance, etc.)
		* list sources of income and amount

Culinary Experience

Do you have any professional food industry experience? Yes No

If yes, please describe:

Do you have any culinary training? Yes No

If yes, please describe:

If no, please briefly describe how, when, and from whom you learned to cook.

Have you ever started a food business before? If so describe the business and why it is no longer in operation.

Your Food Business

Type of Business (check all that apply):

Baking Specialty Food Producer Caterer Cart Vendor

Other (specify) _____

Type of Product(s):

Describe what food product(s) you wish to prepare at La Cocina.

Business History:

Briefly describe how you began your food business (what was the idea or conversation that made you want to sell your product(s)?)

Business Status:

Please check the current status of your business and the corresponding start date:

Pre-venture Projected Start Date _____

New (1st Year) Start Date _____

Existing Start Date _____

If you checked "Pre-venture" please skip down to: Pre-Venture Information.

If you checked "New" or "Existing" please answer the following:

Business Information:

Number of Employees: Full Time _____ Part Time _____

Where do you cook for your business now?

What do you think are the main challenges facing your business now?

- 1)
- 2)
- 3)

What do you enjoy most about your business?

- 1)
- 2)
- 3)

How much have you already invested in your business? Please explain how much money and what type of items you have purchased:

Monthly average sales: \$_____ Monthly overhead costs: \$_____

Have you reached your breakeven point? ___ Yes ___ No

How do you know?

Do you have any financial statements? ___ No ___ Yes (please attach)

Pre-venture Information:

Why have you not yet started your food business?

Please describe your business idea:

Please explain why you think it is a good business idea:

Please explain why you want to be a business owner:

What do you think the three biggest rewards will be?

1)

2)

3)

What do you think the three biggest challenges will be?

1)

2)

3)

Business Training

How often do you read books or magazines on business topics?

Where do you look for information about your business or business idea?

Have you taken any business training or courses?

Yes:

What kind of training have you completed? When and Where?

What do you think is the most useful information you learned during that training?

Are you planning to take more classes/seminars in the near future?

No Yes (If so, where and when): _____

No:

Why not?

Are you interested in receiving some business training?

Business Plan

Do you have a written business plan (full or partial)?

Yes:

Please attach a copy.

No:

Please explain why (ie: have you been operating informally?)

La Cocina Pre-Incubation Feasibility Study

The following exercise is a simulation of the questions that we are likely to ask at your potential interview. It's not important that you have a 'right' answer to the questions below, but, rather, that you have shown that you have taken the time to think about these very important questions, and that you have begun to think about how your business is going to grow and flourish.

These questions are born out of the biggest mistakes that we've seen businesses make, and honest answers are going to be the key to business readiness. So, here we go!

Your Business, Competition and the Bay Area

1. Can you identify your 3 major competitors? Tell us as much about them as you can. Who are they? Where are they? Etc.
2. A competitive advantage is a business term that identifies difference between similar companies. That can be nearly anything, but it's important that you know what makes you different from someone else. What, if anything, do you think is your competitive advantage?
3. How many other businesses in the Bay Area sell what you sell? How did you find this out?
4. What's the average price point for your product?

Sales Channels

Sales channels, or distribution channels, are essentially the way that you will deliver your product to your customer. This is one of the most important things to think about, as it will shape everything about your price structure and business model. Please try and answer these questions critically.

It's very important to keep in mind that La Cocina is a shared-use commercial kitchen space. We do not allow sales directly from La Cocina, or pick-ups, and most businesses must deal with deliveries, timing and other details. We mention this only so you can keep it in mind when planning your business. Finally, it's important to understand that while you may, for instance, want to open a restaurant, you will need to begin with sales from La Cocina. This means that you will have to think about your business in stages.

1. How you plan to make your first sale from La Cocina? Describe in detail. Who are you going to sell this to? Where are you going to sell it? How much are you going to sell it for?
2. Will you need to deliver your product to your customers? If so, how are you going to be able to deliver your products?
3. Can you define wholesale and food-service?
4. How often (on a weekly basis) do you imagine that you will be delivering your product your first year?

\$

We know that this may be the hardest part. And, often, good cooks wants nothing to do with money. Unfortunately, the measure of business in our society is the money that you make, and we would like you very much to think about that before you begin to spend money on this business. Please try and be honest with us, we'd all like to make millions of dollars, but we are looking for realistic visions in the application process.

1. In an ideal world, how much would you like to *earn* per year through your business?

2. How much do you think this means that you will need to sell per year?

3. If you have additional income, how long do you plan to continue to do that, or at what point (sales, or income-earned) would you imagine leaving your other work and focusing entirely on this business?

4. How much capital do you think that you will need to start this business? Please provide a detailed list of your start-up costs for year 1.

5. When do you think you will reach your break-even point? How long do you think it will take to reach your sales goal from question #2?

Exit Strategy

La Cocina is a business incubator. This means that it is a place to begin and grow your business but also that at some point soon (within 1—5 years to be precise) you will need to fly out on your own. The following questions are intended to examine how, exactly, you imagine that flight might go. We understand that it may not happen exactly like this, but it’s instructive to think about these things ahead of time.

1. What does ‘graduation from La Cocina’ mean to you? Please be as detailed as possible.
2. Do you imagine being a local business, a regional business or a national business?
3. How do you imagine transitioning out of the kitchen? What will you need? (Money? Real estate? Etc.). How long do you think it will take?
4. What would you guess that the graduation process will cost you and how will you find that money?
5. Do you envision continuing to support La Cocina once you graduate? How?

Thank you for your application to La Cocina

I understand that this application does imply acceptance into the La Cocina program. I also verify that the information provided is complete and accurate to the best of my knowledge.

Print Name	Signature	Date
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Attachments Provided:

Required:

Business plan

Financial Statements

Cash Flow Projection

Tax Return or Other Proof of Income

Resume or Employment History

Letters of Recommendation (minimum of 2 from employers, clients, and/or people familiar with your products or your business)

Other (examples: menus, promotional materials, sample labels, etc.)

Microenterprise Training Program Application Fall 2017

Thank you for your interest in applying to the Microenterprise Training Program (MTP) offered by Crossroads Community Food Network. MTP is a 10-week, 30-hour course in food business start-up, food safety, and fundamentals of micro-entrepreneurship.

Please note: This application is for individuals who have a strong interest in becoming a food entrepreneur or currently own a food business! Completion of the MTP is a requirement before you can apply to rent space at the Takoma Park Silver Spring Community Kitchen.

HOW TO APPLY to the Microenterprise Training Program Fall 2017 (English):

* * * MTP will be offered in Spanish this Winter 2017/Spring 2018 - Stay tuned! * * *

Step 1: COMPLETE and submit your application online OR print and mail to Crossroads Community Food Network, Attn: Kitchen Manager, 6930 Carroll Ave, Suite 426, Takoma Park, MD 20912

DEADLINE: All applications must be submitted by August 14th.

Step 2: ATTEND a MTP APPLICATION WORKSHOP (optional) to learn more about the requirements, curriculum, schedule, and opportunity to ask questions. We will send out a separate invitation with dates, times and more details.

Step 3: INTERVIEW with Kitchen Manager and Crossroads Representative. Please Note: Not all applicants will be accepted to the MTP training. Only those who meet all the criteria and requirements will be selected as a candidate and invited for an interview.

ELIGIBILITY:

To qualify for the Microenterprise Training Program, you should:

- Have a viable, ready-to-market food product or food service, OR clearly defined food business idea
- Have an entrepreneurial spirit, enthusiasm, and persistence

REQUIREMENTS:

Students are required to:

- Attend all classes and complete a business plan by the end of the program
- Have a good command of both written and spoken English
- Have basic computer skills for writing and online research

SCHEDULE:

The MTP training starts on September 7th and follows this class schedule:

September 7th	Thursday	1:30pm – 4:30pm
September 9th	Saturday	9:30am – 12:30pm
September 14th	Thursday	1:30pm – 4:30pm
September 21st	Thursday	1:30pm – 4:30pm
September 28th	Thursday	1:30pm – 4:30pm
October 5th	Thursday	1:30pm – 4:30pm
October 12th	Thursday	1:30pm – 4:30pm
October 19th	Thursday	1:30pm – 4:30pm
October 21st	Saturday	9:30am – 12:30pm
October 26th	Thursday	1:30pm – 4:30pm

COST and SCHOLARSHIPS:

The total value of the program is \$500 per individual and is largely covered by donations and grants. Because of this Crossroads is able to offer MTP as a FREE economic initiative. There is a minimal cost for each participant to pay for the ServSafe certification \$50 and Allergen Awareness \$25 certification.

Upon graduation from MTP, students have the opportunity to apply to rent space at The Takoma Park Silver Spring Community Kitchen (TPSSCK). Graduation from the MTP program does not guarantee kitchen admission.

Recognizing that many small-scale food business entrepreneurs have limited capital to invest in their own production facilities, and rental costs at other kitchens may be prohibitive — especially for low-income producers. TPSSCK is an affordable, licensed kitchen facility available to aspiring food entrepreneurs to become established in the market.

To learn more about this project please visit:

<https://www.crossroadscommunityfoodnetwork.org/tpss-community-kitchen/>

Our Microenterprise Training Program connects potential food business entrepreneurs with community resources, mentorship, and skill development - further improving community food security by bringing more affordably priced foods into the local market.

To learn more about the program visit:

<https://www.crossroadscommunityfoodnetwork.org/what-we-do/microenterprise-training-program/>

Contact us at kitchen@crossroadscommunityfoodnetwork.org

* Required

Contact Information

MTP is a 10-week, 30-hour course in food business, food safety, and fundamentals of micro-entrepreneurship.

Please note: This application is for individuals who have a strong interest in becoming a food entrepreneur or currently own a food business! Completion of the MTP is a requirement before you can apply to rent space at the Takoma Park Silver Spring Community Kitchen.

1. **Full Name ***

2. **Email ***

3. **Did you graduate from an Empowered Women International ETS or GMB entrepreneurial program? To learn more about EWI visit www.ewint.org ***

Mark only one oval.

Yes

No

4. **Did you graduate from a Carlos Rosario Small Business and Entrepreneurship program? To learn more visit <https://www.carlosrosario.org/courses/class-listings/small-business-entrepreneurship-program/> ***

Mark only one oval.

Yes

No

5. City, State, Zip *

6. Phone Number *

7. Website (if applicable)

Tell us about you and your Food Business idea

If you already have a Business Plan, please email it to kitchen@crossroadscommunityfoodnetwork.org

8. Why do you want to start a food business? *

9. What is your experience in preparing food? Include as much detail as possible including # of years of experience, what type of food, for what business or company, etc. *

10. Have you taken a Food Safety Course? (for example ServSafe or similar) *

Mark only one oval.

Yes

No

11. Do you have a Montgomery County Health Department Food Manager Card? *

Mark only one oval.

Yes

No

Your Business

If you currently have a food business, please use this section to tell us more about it. If you do not have a business, but have a great idea, please share your business plan or idea in this section below.

12. Are you currently in business? *

Mark only one oval.

Yes

No

13. Business Stage *

Mark only one oval.

Novice (enthusiastic & passionate about food, but not sure where to start)

Pre-Venture (idea phase, no legal business documents, some legal documents)

New 1st Year (secured legal business documents)

Existing (2 - 3 years)

Growing and scaling up production

Other: _____

14. Describe your business idea (Describe your product, product lines, product attributes) *

15. Do you have a Business License or proof of incorporation? *

Mark only one oval.

Yes

No

16. Do you have a business plan? *

Mark only one oval.

Yes

No

17. If currently in business, where do you sell your products?

18. Food business category or type (Click all that apply. What type of product or service do you offer or plan to offer in the future?)

Check all that apply.

- Baby foods
- Baked goods
- Baking or ingredient mixes (dry)
- Beverages
- Candies and confectionary
- Condiments
- Consumer packaged goods
- Dairy and eggs
- Frozen foods / meals
- Gluten-Free
- Grain / Cereal / Pastas
- Jam / Jellies
- Lifestyle / Nutritional
- Meat / Pates
- Meal or box/bag lunches
- Nuts
- Oils / Vinegars
- Ready-to-eat foods
- Sauces / Seasonings
- Seafoods / Snacks
- Soups / Stews /
- Spreads / Syrups
- Vegan
- Vegetables / Fruits
- School Meals / Daycare meals
- Other: _____

19. If not yet in business, where do you intend to sell your products?

Disclaimer

This application does not ensure acceptance to the Microenterprise Training Program. Applicants that meet the required criteria will be contacted for next steps.

Graduation from the MTP program doesn't guarantee kitchen admission.

By clicking submit, I signify that I fully understand and agree to the above terms.

Thank you for your application!

Our Microenterprise Training Program connects potential food business entrepreneurs with community resources, mentorship, and skill development - further improving community food security by bringing more affordably priced foods into the local market.

20. **Type your full name ***

21. **Today's date**

Example: December 15, 2012

Powered by





CONTACT INFO

Name _____

Address _____

City _____ State _____

Zip Code _____

Phone (Cell) _____

Phone (Home) _____

Phone (Work) _____

Email _____

What is the best way to reach you? 

How did you hear about Mesa Komal?

- | | |
|--|---|
| <input type="checkbox"/> Radio | <input type="checkbox"/> School |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Nonprofit Agency |
| <input type="checkbox"/> Friend or family | <input type="checkbox"/> Email / Social Media |
| <input type="checkbox"/> Brochure or flyer | <input type="checkbox"/> Other _____ |

Have you received other services from Conexión Américas?

- | | |
|---|---|
| <input type="checkbox"/> Tax Help | <input type="checkbox"/> Parents as Partners |
| <input type="checkbox"/> Conversemos/ESL | <input type="checkbox"/> Legal Support |
| <input type="checkbox"/> Negocio Prospero | <input type="checkbox"/> Email / Social Media |
| <input type="checkbox"/> Puertas Abiertas | <input type="checkbox"/> Other _____ |

HOUSEHOLD INFORMATION

Number of Adults in your household: _____

Number of Children under 18: _____

Are you a single parent? YES NO

Housing:

- Own a home or mobile home
- Rent a home or apartment
- Do not pay rent or mortgage

Are you the primary income earner in your family?

YES NO

Current Employment Status (check all that apply)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Full-Time Self-employed | <input type="checkbox"/> F-T Employed |
| <input type="checkbox"/> Part-Time Self-employed | <input type="checkbox"/> P-T Employed |
| <input type="checkbox"/> Unemployed Since _____ | |
| <input type="checkbox"/> Not working by choice (Retired, Student, etc.) | |

Please describe your occupation and employer:

DEMOGRAPHIC INFORMATION

Gender _____

Age

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 8-22 | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 23-29 | <input type="checkbox"/> 50-64 |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 65+ |

Ethnicity

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hawaiian/Pacific Islander | |

Marital Status

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widow(er) |

Do you describe yourself as an immigrant?

YES NO

If yes, # of years in the US _____

Native Country _____

Primary Language _____

Secondary Language(s) _____

Highest level of education

- Less than High School or GED
- High School Diploma
- Vocational/Technical Certificate
- 2-year college degree
- 4-year college degree
- Master's degree or above

Are you a Veteran? YES NO

Are you registered to vote? YES NO

Do you have reliable access to the internet? YES NO

Do you have Health Insurance? YES NO

If yes, from where?

- Employer/Coverage through job
- Spouse's Employer
- Medicaid/Medicare
- Private Policy/Insurance

Do you receive any government benefits?

YES NO

Do you have a personal checking or savings account? YES NO

Do you have any savings you can use to start your business? YES NO

Mesa Komal is supported by a grant from the Department of Health and Human Services and requires annual statistic reporting. Your business information will remain anonymous. All questions are required. On questions #2, #3 and #4: if your business is not yet in operation, you may answer with a "0"; for those in business, please use your best judgment to provide accurate estimates if you do not track your actual income and expenses. For question #5, please indicate if you or anyone else has already made any monetary investments in the company. For "In-kind" investments, please think about any labor, equipment or donations that have been given to the company but were not paid for. If you have applied for a loan or have been promised an investment at a later date, please indicate that under "Projected".

ANNUAL INCOME		
Last Year's Household Income: _____ Last Year's Personal Income: _____		
MONTHLY FINANCES		
(1) Household Income	You	Other adults in the household
Employment Income	\$	\$
Self-employed Income	\$	\$
(2) Business Income	Actual (if known)	Estimated
Direct Sales	\$	\$
Wholesale Sales	\$	\$
Other	\$	\$
Total	\$	\$
(3) Business Expenses	Actual (if known)	Estimated
Rent / Utilities	\$	\$
Food / Ingredients	\$	\$
Equipment Rental	\$	\$
Insurance	\$	\$
License / Permits	\$	\$
Loan Payments	\$	\$
Payroll (including Independent contractors)	\$	\$
Marketing / Donations	\$	\$
Other	\$	\$
Total	\$	\$
(4) Business Assets	Actual (if known)	Estimated
Equipment	\$	\$
Vehicles	\$	\$
Contracts	\$	\$
Other	\$	\$
Total	\$	\$
(5) Investment	Personal	Other
To date	\$	\$
In-kind (labor, donations, etc.)	\$	\$
Projected	\$	\$

BUSINESS INFORMATION

Name of Business _____

Business Address (if different) _____

Business Partners _____

Type of Business: (check all that apply)

- Food Truck Mobile Food Vendor
 Wholesale Vendor Banquets & Events
 Baking/Confections Other _____
 Pickled or Acidic foods (including salsa, sauces, etc)

What are you making? _____

Who/what is your target market? _____

State of your business:

- Still planning. Projected start date? _____
 Open & making sales, but operating less than one year.
 The business was launched over a year ago on this date: _____

How many hours per week do you work on your business? _____

Do you have a business bank account? YES NO

How do you track your income & expenses?

- I don't Use Excel Quickbooks
 Give receipts to an accountant Other _____

As the business owner, are you able to pay yourself a salary or at least pay your bills and personal expenses from the business? YES NO

If not, when do you anticipate that will be possible?

- 3-6 months 6-12 months at least 1 more year

Do you have any of the following?

- Business Plan
 Business License
 Tax ID number
 Resale License
 Business/Liability Insurance
 Social Media for your business
 Business Website: _____

Do you have employees? YES NO

If yes, how many?

F-Time _____ P-Time _____ Temp _____

Do any employees have any benefits? NO

- Health Insurance Sick Leave
 Retirement Profit Sharing

Do you hire independent contractors?

YES NO

If yes, how many people do you hire on a somewhat regular basis? _____

Have you participated in any business classes or trainings? If yes, when and where? _____

Do you have any plans to attend a business training class?

Would you utilize any trainings if Conexión Américas provided business support, resources and/or mentors? YES NO

Which topics would be helpful for you?

If you have an operating business, would you be interested in mentoring a brand new business, meeting with them for 4-8 hours each month? *This does not commit you to anything.* YES NO

Business History: Briefly describe how the idea of your business was born and why you are pursuing the idea.

CULINARY EXPERIENCE

Do you have professional culinary training?

YES NO

If yes, please indicate the school:

If not, please describe how, when and from whom you learned to cook:

Do you have professional cooking experience? YES NO

Please describe your experience:

Are you comfortable sharing the kitchen space with other cooks and chefs?

YES NO

Have you used a shared commercial kitchen before? YES NO

If yes, was it a good experience? YES NO

What were the challenges?

Have you completed a food handler's training course?

YES, from ServSafe OR Health Department
(circle one)

DATE _____

NO, I will take the class from

ON DATE: _____

KITCHEN USE

Which kitchen equipment do you use the most?

What type of equipment or utensils will you need to bring with you?

How will you purchase your ingredients, from the store, directly or through a distributor?

Will you need to receive deliveries at the kitchen?

NO YES, from whom? _____

Do you have cooking assistants? YES NO

If yes, how many will accompany you in the kitchen? _____

PLEASE NOTE: ANY ASSISTANTS MUST COMPLY WITH THE RULES AND REGULATIONS OF MESA KOMAL. YOU ARE 100% RESPONSIBLE FOR ENSURING THEY FOLLOW ALL RULES.

Will you need to store anything overnight at the kitchen? YES NO OCCASIONALLY

If yes, please describe the storage you will need?

Are you interested using storage space on a monthly basis at Mesa Komal for food or equipment?

NO YES, dry storage YES, cold storage

How many hours do you anticipate using the kitchen (an estimate)?

Per week: _____ Per month: _____

For the most part, is your kitchen schedule the same every week? YES NO

If not, please explain:

PROJECTED SCHEDULE

Please place a **checkmark** (✓) in the hours that you would like to use the kitchen; your estimated, *ideal* schedule.

If applicable, please **cross off** (X) the hours or days that would *never* work for your current schedule (i.e. you have another job and work during those hours).

PLEASE NOTE: HOURLY RENTAL IS AVAILABLE MONDAY & TUESDAY ONLY. WEEKLY RENTAL OPTIONS DIVIDE THE WORK DAY INTO TWO SHIFT OPTIONS: 4 AM - 3 PM AND 3 PM - MIDNIGHT.

	MON	TUES	WED	THUR	FRI	SAT	SUN
4 - 6 am							
6 - 8 am							
8 - 10 am							
10 - noon							
12 - 2 pm							
2 - 4 pm							
4 - 6 pm							
6 - 8 pm							
8 - 10 pm							
10 pm - midnight							
OTHER:							

What are some of the biggest barriers or obstacles your business faces right now?

1. _____
2. _____
3. _____
4. _____

What do you enjoy most about your business?

1. _____
2. _____
3. _____
4. _____

Is there anything else you would like to share about you or your business operations or expectations?



- The information that has been provided is complete and accurate, to the best of my knowledge.
- I understand and am in agreement with the rules of Mesa Komal and of the State of Tennessee in regards to the preparation and sale of food.
- I understand that my information is confidential and it will not be disclosed with any person outside of Conexión Américas. Any data that is shared for statistical purposes will not have any personal information included.
- From time to time, Conexión Américas collects follow-up information from guests regarding business, economic, and employment status and experiences. I agree to provide this requested information on a timely basis.
- I will allow Conexión Américas to use my photograph and any of my assistants in their website, official publications or wherever it may be deemed appropriate. I understand that if my image appears on the Conexión Américas' website, it may be viewed and downloaded by anyone. I waive any claims against Conexión Américas and agree not to hold Conexión Américas responsible for that use.
- Yes, please add me to the email distribution list from Conexión Américas for special events.

X _____

Guest's Signature

Date