

APPLICATION

Date: _____ Telephone Number: _____

Name of Business: _____

Principal's name/title: _____

Current Address: _____

Email: _____ Website: _____

Additional Email/Contact Details: _____

Requirements

- 1- Legal Documents, Food Certificates and Emergency Contacts
- 2- Business Counseling
- 3- Roadmap: Marketing Plan/Light Business Plan
- 4- Insurance

ALL TO BE COMPLETED AFTER YOU HAVE TAKEN A TOUR OF THE FACILITY

***For your business to be approved as an Incubator Client ALL OF your required documents, roadmap questions must be completed. Partial information will not be accepted.
All information is kept confidential.***

1- Required Documents (copies accepted):

- Business Registration (corporate paperwork)
- Tax EIN number
- Sales Tax Authority to collect sales tax <http://www.tax.ny.gov/bus/st/register.htm>
- Emergency contact information (form attached)
- Food Handler's Certificate
- Product Comparison Chart (form attached)
- Pricing Sheet (form attached)

2- Required Business Counseling: <https://booknow.appointment-plus.com/4mk1kc34/10>

After creating a log-in you want to make an appointment with either Brian Gurski or Sante Antonelli.
Our counselors will help you get your Business registration documents and Roadmap Questions

3- Required Business Roadmap Outline:

- **Concept for your business-be specific:**
What is your vision for your business including any long-term plans?
- **Product testing:**
Who has sampled your product?
Have you had any definite interest from retail stores/distributors?
Have they offered to buy from you?
At what price? Can you make a profit on the sale of each unit?
(use the pricing worksheet for validation)
- **Marketing strategies:**
Where do you plan to begin your sales outreach? Why have you chosen these outlets? Be specific
Where else do you see your products being sold in the next 6-12 months? Why these locations?
How do you plan to reach these outlets?
Have you created a Sales Outreach plan with timeline? Please include.
- **Summary of Owners/management team:** their training, experience and skills (maximum 1 page)
- **Number of employees** (excluding yourself/partner)
If you hire immediately, what are the skills you are looking for?
- **Brochure/Website** (attach even if in draft format)
Describing the specific product(s) you will have in your product line
- **Describe how you will promote/sell your product:** Using the Comparison Chart as Research
What makes you different than others?
List all the opportunities you will use. Describe the various promotional tools in detail.
- **How will you distribute your product?**
Describe the various ways you will get your product to your customer.
- **A list of what you think your starting expenses will be** and how you will fund this.

4- Required Insurance (To be active and presented at the time of Contract Signing):

Clients must add the kitchen as an additional insured. Here is the exact wording:

The Entrepreneur's Incubator Space LLC; Queens Economic Development Corporation and Estate of David H Stein, Jane Stein Trustee 36-46 37th Street Long Island City NY 11101-1606

- Business and Product Liability insurance certificate
- Include Worker's Comp if there are employees

5- Rental Deposit The required deposit will be a minimum of \$500 or equal to your monthly rental usage at the kitchen and must be a cashier's check or a money order; the amount will be determined by the director and you will be informed of the amount prior to your scheduled contract signing.

The Director may require a credit check and/or a review of current bank statements. Acceptance into the incubator is at the discretion of the Director, based on the completed information presented.

Once all Documentation is submitted; Documents will be reviewed and either approved and you will be given a contract signing date or the application is returned/held with suggestions on how to address the problems in the application.

There will no contract date given until the application is approved.

THE ENTREPRENEUR'S SPACE

A Food and Business Incubator
36-46 37th Street Long Island City NY 11101-1606



1) The management at The Entrepreneur's Space needs this for our records. We would like to have precise contact information on **ALL OF our clients** as well as their regular staff members. Please fill out the following include this with your signed application.

Name: _____

Company: _____

Title: _____

Emergency contacts & their relationship to you (at least 3)

Name: _____ Relationship: _____

Home Tele: _____ Work Tele: _____ Cell: _____

Name: _____ Relationship: _____

Home Tele: _____ Work Tele: _____ Cell: _____

Name: _____ Relationship: _____

Home Tele: _____ Work Tele: _____ Cell: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Tele: _____

Name of Hospital/Medical Group/Clinic: _____

Address: _____ Tele: _____

Medical Condition(s): _____

Allergies: _____

This information will be kept confidential. We just need to be sure that we can assist any person(s) injured or taken ill at our facility.

Thank you for taking the time to fill this out. It is for everyone's safety.