

**Process and instructions**

**1) Schedule a tour of the facility. 718 392 0025**

**2) Schedule a counseling session**

link: <https://booknow.appointment-plus.com/4mk1kc34/10>

During the counseling session, which is free, the business advisor can assist you in completing: the application roadmap questions; the comparison chart; the recipe pricing chart.

**3) Required documents**

- Business registration paperwork
- Receipt of Filing
- Certificate of Incorporation or Articles of Organization
- Operating Agreement
- Publication of the LLC Receipts
- Tax EIN Official Letter
- Sales Tax Authority Certificate
- Emergency Contact Form (attached)
- Food Handler’s Certificate
- Product Comparison Chart (Form attached)
- Pricing Sheet (form attached)
- Road Map Questions (listed on page 2)

|  |                    |
|--|--------------------|
| Date _____                             | Phone Number _____ |
| Legal Name of Business _____           |                    |
| Trade Name (DBA) (if any) _____        |                    |
| Owner(s)' Name _____                   |                    |
| Current Address _____<br>_____         |                    |
| E-mail _____                           |                    |
| Website _____                          |                    |
| Social media sites _____               |                    |
| Additional Email/Contact Details _____ |                    |

## APPLICATION INSTRUCTIONS

- Application should be completed after taking the tour and having the business consultation.
- For your business to be approved as an incubator client  
**ALL your required documents, forms and roadmap questions must be completed.**
- All information is kept confidential.

*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 information presented.*

EMAIL **COMPLETED APPLICATION TO [MIKITCHEN1866@AOL.COM](mailto:MIKITCHEN1866@AOL.COM)**

The completed application is immediately reviewed and usually within 14 business days the contract will be signed.

## ROAD MAP QUESTIONS

1. **Concept of your business-** be specific describe product in 1-2 sentences maximum. What makes you unique.
2. **Product testing-** who has sampled your product? How many potential customers do you think you will have?
3. **Product Interest-** What kind of interest have you had from retail stores or other sales outlets? Those who have sampled your product are they willing to pay your asking price?
4. **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 promotional tools in detail.
5. **How will you distribute your product-** Describe the various ways you will get your product to your customer?
6. **Marketing Strategies-** Where do you plan to begin your sales outreach? Why have you chosen these outlets? Be specific. Please include a Sales Outreach plan with a timeline for 24 months.
7. **Brochure/Website-** (attach even if in draft format) Describe the specific products you will have in your line.
8. **Summary of owners/management team-** Their training; experience and skills (maximum 1 page)
9. **Number of Employees-** (excluding yourself/partners) If you hire immediately, what skills are you looking for?
10. **Expenses-** A list of what you think your start expenses will be and how you will fund this.

## AT CONTRACT SIGNING

**Security Deposit-** The required deposit will be a minimum of \$800.00 or equal to your monthly rental usage at the kitchen including storage. Payment must be made in the form of a Cashier's Check or Money Order. You will be informed of the exact amount prior to your contract signing. For the contract to be valid, the security deposit is required at signing.

**Required insurance-** Clients must obtain a General Liability Insurance Policy covering their business. Clients manufacturing a product must also have a Product Liability Policy. Clients must include the incubator as additional insured. Here is the exact wording:

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

**Workman's Compensation-** Must be obtained if you have hired any staff. Required even if you have unpaid staff (friends & Family) assisting you in the kitchen. Not required for the owners of the business

*For the contract to be valid the Certificate of insurance is required at signing.*

**Licensing-**At the contract signing we will complete the forms for your License, we will review the inspection requirements.

## REMINDER

- Upon receipt of the application, you will receive an email confirming that it has been received and will be reviewed.
- If your application is incomplete you will be emailed with a list of documents required.
- PLEASE do not email the application if you have not taken a tour or have not scheduled an appointment with one of our business counselors.
- Once the application has been reviewed you will receive an email with a copy of the contract for your review. In the email will be dates for the contract signing. You will also receive explicit instructions on what to bring with you for the signing. After the contract has been signed you are welcome to immediately schedule a production shift.
- Partial information will not be accepted.

**THE ENTREPRENEUR'S SPACE**

A Food and Business Incubator  
36-46 37<sup>th</sup> 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.