



## **Cleveland Culinary Launch & Kitchen**

### **Tenant Application – Business/Organization**

Name: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home \_\_\_\_\_ Business

Street, City, State, Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

#### **Business Information:**

Please check the current status of your business:

\_\_\_\_\_ Pre-venture    \_\_\_\_\_ New (1<sup>st</sup> Year)    \_\_\_\_\_ Existing

Describe your business and product(s):

Where and how do you sell your product(s)?

What is/are your primary reason(s) for using CCLK?

How many employees work for your business? \_\_\_\_ Full-time \_\_\_\_ Part-time

What are your business goals/plans for the next 6 months -3 years?

List any Business Licenses you currently hold or need to obtain for your business:

List any food related work experience:

List your 3 most recent employers and job positions:

Are you interested in learning more about the business support/incubation services at Cleveland Culinary Launch & Kitchen? \_\_\_\_ Yes \_\_\_\_ No

Please explain your interests or needs:

**Kitchen Use:**

Are you currently ServSafe (or other) certified?  Yes  No

List any other food safety training and certifications:

Which kitchen station(s) do you anticipate using?

Prep/Dry Packing  Baking/Catering  Canning

Number of days per week needed?

Preferred days of the week  Mon  Tues  Wed  Thurs  Fri  Sat

Preferred times of day: \_\_\_\_\_

Is your production  seasonal  year-round?

Circle months you are in production:

Year-Round Jan Feb March April May June July Aug Sep Oct Nov Dec

Explain any scheduling restrictions:

What are your storage needs? (Shelves are 48" wide x 22" deep x 20" high.)

Dry  # Shelves Freezer  # Shelves Cooler-  # Shelves  None

What equipment will you use? Do you need training on any equipment?

Do you have your own equipment you need to keep at the kitchen?  Yes  No

**Please use this space for any questions, concerns, or additional information:**

**References**

Please list three professional references:

Name	Relationship to your business	Phone and Email
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- 1.
- 2.
- 3.

I understand that this application does not imply acceptance as a commercial user of the Cleveland Culinary Launch & Kitchen. I also verify that the information provided above is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Application Fee: \$35.00**

Please submit a check made out to: Cleveland Culinary Launch, 2800 Euclid Avenue, Suite 150, Cleveland, Ohio 44115.

Applications will be processed once both the completed application and payment have been received.