

Tenant Application



www.yorkkitchen.com

Date: _____

Name: _____

Phone: _____

Home Address: _____

City/State/Zip: _____

Business Name: _____

Email: _____

1. Business Status:

- Prior to Opening
- First Year
- Year 2+
- Other: _____

2. Briefly describe your business:

3. List product ingredients and equipment you will utilize in your business:

4. Is a written Business Plan available for review? Yes No

5. What is your target market?: _____

6. Number of employees: Full time _____ Part time _____

7. Anticipated number of hours of kitchen usage needed ____ per week or month
(please circle one)

8. Are you currently ServSafe certified? Yes/No
If Yes, do you have a copy of your certification? Yes/No

9. Will you need to rent storage space?
 Dry Storage

- Cold Storage
- Frozen Storage

10. What time of day would you prefer to use the kitchen?

- Early AM (5am-8am)
- Mid-Afternoon (12:00pm-3:00pm)
- Early Evening (5:00pm-8:00pm)
- Over Night (12:00am-5:00)
- Morning (8am-12:00pm)
- Late Afternoon (3:00pm-5:00pm)
- Late Evening (8:00pm-12:00am)
- Other _____

11. Do you desire incubator assistance in any of the following areas:

- Item pricing
- Labeling
- Recipe conversion
- Package design
- Other _____
- Bookkeeping
- Marketing/distribution
- Product stability/shelf life
- Nutritional analysis

12. If you are not yet in operation, have you tested your target market for product acceptance and profitability: Yes No

13. Does your business have adequate financing? Yes No

Briefly explain:

14. Additional comments:

Return completed application to:

YorKitchen
 37 West Clarke Avenue
 York, PA 17401

info@yorkkitchen.com
 phone: 717-814-8879
 fax: 717-848-3702

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