

Capital One Culinary Incubator - Food Service Entrepreneurial Training

Application

1. Please enter your information so that we can respond to your application:

Name: _____ Address: _____
E-mail: _____ Phone: _____

Your Experience

2. Do you currently own a food business? ___yes ___no. If yes, please answer the following questions.

1. What is the name of the food business you are currently operating? _____
2. What type of food-related business are you currently operating? Circle all that apply.
Restaurant, Farmer's Market, Food Manufacturing, Food Truck, Catering, etc. other _____
3. How many full-time ___and part-time ___employees work at your business? (Please include yourself if applicable)
4. What is the website address of this business? _____
5. What forms of social media are you currently using for this business? _____
6. Please enter your Gross Revenues for your food-related business that you reported for the following years.
(Please be prepared to submit your tax returns as the next part of the application process.) 2014 \$ _____

3. Please describe your past restaurant and /or catering experience and positions working for corporate or independent food establishments.

- _____
- _____

4. Do you have out door catering experience such as working outside?: farmer's markets, events, and festivals

- Do you know about the Cottage Law Act? ___yes ___no
- What would you like to know more about selling products through Cottage Law Act?

5. Have ever taken the ServSafe Training and Exam for ServSafe Certification? ___yes ___no
If yes, what is the expiration date _____/year _____ of your current ServSafe Certification?

6. If you are a startup food business,

- What is your vision for your food business full time?

- When do you want to start your food business? Date: _____
- What type of food business do you want to start? _____

7. Culinary Incubator - Food Service Entrepreneurial Training -

What goals would like to achieve by participating in this program?

- Goal: _____
- Goal: _____
- Goal: _____

Describe what you would like to know more about? *Please understand that we have a short time to teach many topics.

We would like your suggestions. If they are not already planned in the program, your suggestions will be considered.

Circle each area and/or *add another topic you would like to suggest.

- **Starting a Food Service Business** - add another topic _____
- **Menu Development** – Food Cost and Pricing, add another topic _____
- **Financials** – Bookkeeping, Budgeting, Inventory, Cash Flow, add another topic _____
- **Marketing** – Branding, Identifying Customers, Customers Service, On-Line Presence- Web Site, Social Media, add another topic _____
- **ServSafe Course**– Best Practices, Exam for Certification, add another topic _____
- **Business Plan Writing** – Management, Operations, add another topic _____
- **Building a Team** – Hiring, Production Crew, add another topic _____
- **Loans**- Credit, Banks, Banking Services, add another topic _____

8. **You must be committed to the rules of the program in studying, time, and attendance for completion.** The classes will be August 1 through October 3 most Mondays and 2 Thursdays in September from 1:30pm – 4:30pm for the 10 sessions and one additional clinic. Please explain how you plan to sustain and manage your current work and attend classes?

9. **As part of this training:**

- Are you open to working with your consultant at least once a month during the training? ___yes ___no
- After, are you willing to provide quarterly reports of increase sales and employee status? ___yes ___no

10. **Another goal** of this program is to assist in training disadvantaged individuals.

- Is 51% or more of your business owned by a woman? ___yes ___no
- Is 51% or more of your business owned by a minority? ___yes ___no