

Stecoah Valley Food Ventures
User Application Form

Today's Date: _____

Business Name _____

Contact Person: _____

Business Owner's Name: _____

This business is: (please check one) Sole proprietorship Partnership
 LLC Corporation New Start-up Other (please specify)

Address: _____

Phone: Home _____ Business _____

Cell _____ Fax _____

E-mail _____

Website _____

In case of emergency, contact: _____ phone: _____

Have you completed ServSafe Training? yes no

If so, Certification expiration date: _____

Business Status: Do you currently have a food business? yes no

Do you currently have non-food business? yes no

Food Business Information:

I am a new food business (not yet in production)

Anticipated Start Date: _____

I am a new food business in my first year of production

Started (date): _____

___ I have been in the food business for _____ years

What type of food products do you plan to produce at SVFV?

(Check all that categories that apply)

___ Caterer/personal chef

___ Baked goods (*bread, cookies, cakes, pies, etc.*)

___ Local farm goods adding value (*fruits into jam/jelly, fresh vegetables made into soups; added to other ingredients to produce dips, etc. please specify in space provided below*)

___ Specialty food producer of frozen products, canned/jarred products (*salsas, sauces, dressings, pickles, etc.*)

___ Herbal products for human consumption (*teas, spice mixtures, etc.*)

___ Dried or dehydrated products (*ramps, tomatoes, mushrooms, apples, etc.*)

___ Other (*please describe below*) Please Note: *Special conditions for use of this facility may apply and will be discussed further as discovery of the need arises.*

How many employees do you currently have? (Please enter number, including you)

___ full time ___ part time ___ seasonal

Do you plan to add employees as a result of using SVFV? ___ yes ___ no

If yes, (please enter number) ___ full time ___ part time ___ seasonal

How many hours do you anticipate using SVFV? (For planning purposes only, information provided is not binding.)

_____ Hours/Days

_____ Weekly

_____ Monthly

_____ Annually

_____ Seasonally (from _____ to _____)

Name of Insurance Company: _____

Amount of Product Liability Coverage: ___ \$1 Million ___ \$2 Million ___ More

Beginning Date of Coverage:

Please NOTE: To use this facility, one million dollar (\$1 million) Product Liability coverage is required. Proof of insurance must be presented with signed contract prior to facility use.

Preliminary Agreement Document

I, _____, representative of _____,

(your name)

(company if applicable)

do hereby testify to the fact that all information provided on this application to use Stecoah Valley Food Ventures is true and accurate to the best of my knowledge. I understand that if for any reason I (or members of my company) break rules governing our use of the facility, we may not be allowed to continue to produce goods at Stecoah Valley Food Ventures.

(print your name)

(today's date)

(signature)