



The Kitchen New User Application

Brought to you by LEAP

Name _____ Date _____

Address _____

Email _____ Phone _____

Business Name _____

If the applicant is NOT a business, skip to page 2

How did you hear about us? Social Media _____ Internet _____
Word of Mouth _____ Friends and Family _____ Other _____

Is this an existing business or a new venture? Existing _____ New _____

*If this is an existing business, please provide copies of any relevant inspections, insurance documents, licenses, etc

What type of business will this be?

Catering _____ Packaged Food _____ Refrigerated/Frozen Food _____
Food Truck _____ Other _____ I don't know _____

Which regulatory agency will oversee you?

VDACS _____ VA Dept of Health _____ I don't know _____

How do you plan to sell your product?

Direct Sale _____ Wholesale _____ Internet _____ Other _____
I don't know _____

Do you have a business plan? Yes _____ No _____

*If yes, please bring a copy to your Orientation meeting

When do you plan to start production in the Kitchen?

Do you have any other employees/helpers? If so, please list the name and phone number for each employee/helper.

How many hours per week (or per month) do you anticipate using the Kitchen?

Will you need cold or dry storage? How much and for how long?

Which kitchen section (Hot Prep or Bake) do you intend to use?

What experience do you have in food production?

Briefly describe your business, products offered, or product for personal use. If you're unsure how to answer the questions on this application, you can also explain for reason for applying here:

Please list an emergency contact, including name, relationship, and phone number.

*Return this application digitally to sam@leapforlocalfood.org, or mail it to Kitchen Manager, PO Box 3249, Roanoke VA 24015