



Bronx CookSpace Application

Date: ____/____/____

Please tell us about you:

1. First Name: _____

2. Last Name: _____

3. Gender: Male Female Transgender

4. Date of Birth: ____/____/____

5. Home/Residential Address:

Street: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

6. Primary Phone (circle one): home/mobile _____ Secondary Phone: _____

7. What is your race/ethnicity?

- | | |
|---|---|
| <input type="checkbox"/> Caribbean/West-Indian | <input type="checkbox"/> African |
| <input type="checkbox"/> Black/African-American, Non-Hispanic | <input type="checkbox"/> Hispanic or Latino of any race |
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> American Indian/ Native Alaskan | <input type="checkbox"/> Decline to answer |

8. What is your primary language?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> African Language: _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Other: _____ |

9. What is your country of origin? _____

10. If you were born outside of the US, since what year have you lived in the US? _____

11. What is your current marital status?

- | | | | |
|---|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Married and living with spouse | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Other |
| <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Single | <input type="checkbox"/> Separated | <input type="checkbox"/> Decline to answer |

12. What is the highest level of education you obtained?

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Received GED | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Vocational training/Certificate | <input type="checkbox"/> 2 year college/AA/AS |
| <input type="checkbox"/> 4 year college/BA/BS | <input type="checkbox"/> Post graduate studies | |

Have you completed Culinary Training? Yes No

13. Which of the following best describes your annual household income? (Include all income received from those in your household)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Less than \$24,999 | <input type="checkbox"/> \$25,000-\$34,999 | <input type="checkbox"/> \$35,000-\$44,999 | <input type="checkbox"/> \$45,000-\$54,999 |
| <input type="checkbox"/> \$55,000-\$74,999 | <input type="checkbox"/> \$75,000-\$99,999 | <input type="checkbox"/> More than \$100,000 | |

14. Do you have a job in addition to your food business? Yes No
If yes, is your job: Part-time Full-time Temporary

15. Do you have a checking account? Yes No A savings account? Yes No

Please tell us about your business:

16. Business Name/DBA: _____

17. How do you sell your food products? ___ Caterer ___ Wholesale

18. Where do you sell your product? **CHECK ALL THAT APPLY**

___ Green Market/ Street Fairs ___ Catering ___ Retail ___ Other _____

19. Length of time operating business (as of today): ___ Year(s) ___ Month(s)

Is this your first food business? ___ Yes ___ No

20. How do you market your business? **CHECK ALL THAT APPLY**

___ Flyers/Brochure ___ Referrals/Word of mouth ___ Video
___ Promotional products (Samples, T-shirts, Calendars, etc.) ___ Business cards
___ Website: Link _____ ___ Other _____

21. Which of these social networking/websites do you use to promote your business? **CHECK ALL THAT APPLY**

___ Facebook ___ Twitter ___ Myspace ___ Four Square
___ Pinterest ___ LinkedIn ___ Google Plus ___ Tumblr
___ Instagram ___ Yelp ___ Youtube ___ Other _____

22. How did you find out about WHEDco's Kitchen Incubator? **CHECK ALL THAT APPLY AND LIST SOURCE(S) OF INFORMATION**

___ Kitchen Tenant _____ ___ Flyer/Brochure _____
___ Referral/Word of mouth _____ ___ Training/Seminar _____
___ Website _____ ___ Other _____

23. When does your business operate?

___ Consistently all year ___ Seasonal ___ It varies

24. Typically how many *hours of the day* do you spend working in your business? _____

25. Typically how many *days of the week* do you spend working on your business? _____

26. Please give an estimate of your annual business expenses (salaries, utilities, cost of goods sold, etc.):

27. Please give an estimate of your annual business revenue: (total business income, sales)

28. Does your business carry general liability insurance ___ Yes ___ No; Worker's Compensation? ___ Yes ___ No

29. How many paid employees (excluding yourself) do you have?

Full-time: _____ # Temporary/Seasonal: _____
Part-time: _____ Total: _____

30. Would you be interested in the following services?

___ Free legal assistance ___ Free business counseling ___ Free business workshops/seminars
___ Referrals for financial services ___ Assistance obtaining insurance ___ Assistance obtaining license/permit
___ Product development