



# PREP KITCHEN APPLICATION

Full name:

\_\_\_\_\_

*Last*

*First*

*M.I.*

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_

*Street address*

*Apt/Unit #*

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip Code*

Are you a citizen of the United States?

Yes

No

If no, are you authorized to work in the U.S.?

Yes

No

Have you ever been convicted of a felony?

Yes

No

If yes, explain?

\_\_\_\_\_

## Business Information (please skip if not applicable)

Business  
Legal Name

\_\_\_\_\_

Address:

\_\_\_\_\_

Business  
Phone No.

\_\_\_\_\_

Business  
Email

\_\_\_\_\_

Business  
Website

\_\_\_\_\_

Business  
Facebook

\_\_\_\_\_

Is Business LLC Inc.?

Yes

No

Are you insured?

Yes

No

Name of the insurance company \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have a license?

Yes

No

Date of License

Date \_\_\_\_\_

How long have you been in business?

\_\_\_\_\_

If you have been in business, what is your annual income?

\$ \_\_\_\_\_

How many employees do you have?

\_\_\_\_\_

Have you received business development training support?

Yes

No

If so, where?

\_\_\_\_\_

Do you need support to get your business license, ServSafe? Yes  No

Do you own a food truck? Yes  No  Food truck Name \_\_\_\_\_

Do you have specialized equipment? Yes  No  Type \_\_\_\_\_

### Demographic Information

Business Owner Race \_\_\_\_\_

Business Owner Ethnicity \_\_\_\_\_

Business Owner Gender \_\_\_\_\_

### Additional Questions

What is the goal for using the Prep Kitchen?

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What are your business goals?

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### Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## References

Please list three professional references.

### Professional

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Other

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a selection process to participate in the Prep Kitchen program, I understand that false or misleading information in my application may result in disqualification of the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_