

Culinary Accelerator Membership Application

Full Legal Name (Applicant): _____

Preferred Name: _____

Email: _____

Phone Number: _____

Business Name: _____

Business Address: _____

Tell us briefly about your business: _____

Business Website: _____

Please provide a brief description of your business: _____

How many people (including yourself) are employed in the business? _____

Number of employees projected in 2 years? _____

How long have you been in the business? _____

Do you have a completed business plan? Yes/No

In general terms, what are the business goals for year one? _____

How do you plan to advertise your business and where do you plan to sell your products? _____

How did you hear about the Culinary Accelerator @ Immokalee? _____

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What do you hope to achieve by becoming a member of the Culinary Accelerator @

Immokalee? _____

Have you ever worked in a community kitchen or shared-used space before? Yes/No

Do you have professional food experience or culinary training? Yes/No

What type of kitchen equipment do you need for your product? _____

Do you have a Food Permit or License? _____

Do you have a Food Protection Manager Certification? Yes/No

Do you have a Certificate of Liability Insurance? Yes / No

Do you have a Collier County Business License? Yes/No

Have you formed your business via the Florida SunBiz website? Yes/No

Select Membership Level (Circle One):

Affiliate	(\$25/0 Hours/Month)
Promise Zone (Immokalee Resident)	(\$75/5 Hours/Month)
Commissary	(\$100/5 Hours/Month)
Start-Up	(\$200/10 Hours/Month)
Innovator	(\$400/20 Hours/Month)
Professional	(\$720/40 Hours/Month)
Diamond	(\$960/60 Hours/Month)
Michelin	(\$1,200/80 Hours/Month)

Cold/Freezer Storage Requested: Yes/No

Dry Storage Requested: Yes/No

Signature: _____

Date: _____