



LEASE QUESTIONNAIRE

NAME OF ORGANIZATION/BUSINESS: _____

APPLICANT NAME: _____

EMAIL: _____ **MOBILE PHONE:** _____

WEBSITE: _____

TYPE OF BUSINESS:

Consumer Packaging / Artisan Food Beverage / Caterer / Chef / Baker / Food Truck-Trailer / Food Manufacturer / Other: _____

WHAT TYPE OF PRODUCT DO YOU MAKE? _____

WHERE WILL THIS PRODUCT BE DISTRIBUTED? _____

WHAT ARE YOUR KITCHEN NEEDS? _____

HOW MANY HOURS A MONTH DO YOU ANTICIPATE NEEDING? _____

HOW MANY TEAM MEMBERS/EMPLOYEES WILL BE IN THE SPACE? _____

HOW LONG HAVE YOU BEEN IN BUSINESS? _____

WHAT KIND OF KITCHEN EQUIPMENT DO YOU USE OR NEED? _____

DO YOU HAVE SPECIALTY EQUIPMENT YOU USE OR NEED? _____

DO YOU NEED STORAGE? (cold / dry / booth / none)

HOW DID YOU HEAR ABOUT CULINARY CO-OP? (social media / referral / google / other) _____

*Thank you for your interest in Culinary Co-Op!
We look forward to working with you!*