

Jamaica Food Entrepreneurship And Services Training Space Application

The NYC Economic Development Corporation and Queens Borough Public Library have collaborated to create the Jamaica Food Entrepreneurship and Services Training Space (Jamaica FEASTS). The program is for aspiring entrepreneurs who want to learn the process of starting and growing a food business, as well as become aware of potential barriers that exist and tools to launch a small food business successfully. To be considered for acceptance to the Jamaica FEASTS program complete the following application. Answer every question in as much detail as possible.

Note:

· The information submitted along with this application will not be returned.

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____
MM DD YYYY

Gender: Male Female

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

What is your primary language? _____

What other languages do you speak? _____

Classes are conducted on Sundays from 12pm to 5pm for 12 sessions. Are you available to attend the classes as scheduled? Yes No

EDUCATION AND EMPLOYMENT INFORMATION

What is your highest level of education?

No HSD/GED: highest grade completed: _____ High School Diploma/GED completed

Some College, credits or years completed: _____ Associates Degree, Major: _____

Bachelors Degree, Major: _____ Masters Degree or higher, Major: _____

Technical/Vocational Schools, Focus: _____

Please list any other valid certificates and/or professional licenses you hold:

Are currently employed? Yes No

If yes, what is your current job? _____

How many years of experience do you have in the food industry? _____

GOALS/BUSINESS HISTORY & INFORMATION

What goal(s) do you hope to accomplish by completing this program?

Are you currently or have you ever been self-employed and/or a business owner (not limited to food businesses)? Yes No

What is the name of your business? _____

Is it a food services business? Yes No

If no, what type of business is it? _____

How long have you owned/been working in this business? _____ Years _____ Months

Is your business registered? Yes No

If yes, please identify the business legal structure.

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole-Proprietorship | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Corporation | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Other _____ | |

If it is a food business:

Do you have your Food Handler's Certification? Yes No

Do you have a Tax ID number? Yes No

Do you have a Food Establishment permit? Yes No

Do you have general liability insurance? Yes No

Do you have any employees? Yes No

What are your approximate annual revenues? _____

What type of food do you sell? _____

Is the business your full time job or is it a way to earn extra money? _____

Where do you prepare the food? _____

Where do you sell your product (e.g., community events, food markets, a bodega or store, etc.)?

If you do not currently own a business, please provide a brief description of the food/beverage service business you are interested in starting:

Who is your target customer (age, culture, career, needs, wants)?

What steps, if any, have you taken towards launching your business?

- Written a business plan: None Started Completed
- Researched your market: None Started Completed
- Checked your credit report: None Started Completed
- Applied for/secured financing: None Started Completed
- Located an appropriate space: None Started Completed
- Set up an accounting system: None Started Completed
- Applied for permits/licenses: None Started Completed
- Registered the business: None Started Completed

ADDITIONAL APPLICANT INFORMATION

Answering these questions is voluntary. Information will be kept confidential and is intended for use solely in connection with recordkeeping and equal opportunity purposes. You will NOT be penalized for refusal to answer.

Race/Ethnicity: White Black or African American Hispanic/Latino

American Indian or Alaskan Native Asian Native Hawaiian or Pacific Islander Other

Do you have a disability, which means a physical or mental impairment that substantially limits one or more major life activities? Yes No

Are you a Veteran? Yes No

Marital Status: Single Married Divorced Widowed Legal Partnership

Annual Household Income: _____

MENU SAMPLE

Please provide a sample menu for your proposed food business and/or a list of products you'd sell written in **PRINT** in the space provided below, **or attach separately**.

OPTIONAL SUBMISSION DOCUMENTS

Professional References

Please provide any written professionals references from individuals, unrelated to you (**not** a friend or family member), that has purchased food from or done business with you.

Business/Marketing Plan

Please provide a business and/or marketing plan that outlines your target consumer audience, your sales goals, branding and marketing for your product, and your growth projections for the next few years.