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Thank you for your interest in the EaT Kitchen. Please tell us a little about yourself and your plans:

| Name: Daytime phone: | | Name of business: Mailing address: |
|--|--|---|
| | | |
| How long have you been in this business? | | Are you certified with NYS Ag & Markets (20C license)? |
| | | |
| Pri | mary reason for using the EaT Kitchen (check all that apply): | Intended use of the EaT Kitchen: |
| | Business Start-up | ☐ Daily ☐ Weekly ☐ Monthly ☐ Other: |
| | Increase of current production capacity | For how many hours? |
| | Catering business | With how many people (incl. yourself)? |
| | Develop new products | Preferred time of day? |
| | Need to use a Board of Health / Ag & Markets inspected facility | The EaT Kitchen is generally available Mon-Fri, 8:30 AM—4:30 PM. |
| | Other (please explain) | Expansion of operating hours is planned for a later stage. |
| Wi | Il you require any specialty equipment? If yes, what is it? | • |
| | EaT Kitchen has a variety of commercial-grade kitchen equipment a I to learn about items users are expected to provide themselves | vailable. Please refer to our information brochure for a full list of equipme |
| Wł | nat are you planning to produce in the EaT Kitchen? | _ |
| What is your planned volume? Wi | | Nill you require storage space for product? |
| | ase note: the EaT Kitchen can provide limited freezer storage space.ase contact us with any questions | Storage containers are available for basic tools & ingredients. |

IMPORTANT NOTICE: ALL USERS OF THE EAT KITCHEN MUST BE FULLY INSURED WITH PERSONAL OR BUSINESS LIABILITY AT \$1 MILLION PER OCCURRENCE / \$2 MILLION AGGREGATE. WORKERS COMPENSATION IS REQUIRED FOR ALL EMPLOYEES.

PROOF OF INSURANCE MUST BE PROVIDED PRIOR TO USE OF THE KITCHEN.