



Illinois Valley Business Entrepreneurial Center

Commercial Kitchen Application

Applicant Name: _____ Title: _____

Business Name: _____ Oregon Business ID: _____

Mailing Address: _____
(Number & Street or P.O. Box) City Zip Code

Business Address: _____
(If Different From Above) City Zip Code

Business Phone: _____ Cell Phone: _____

Email Address: _____ Website: _____

SECTION ONE: ELIGIBILITY CHECKLIST

Check **YES** or **NO** for each question:

1. Do you have a working business plan? YES NO
2. Will your business be a full-time operation? YES NO
3. Do you agree to comply with all applicable regulations, ordinances and terms of user services contract if you are accepted as a client. YES NO

SECTION TWO: APPLICATION:

1. Business Status (Please check one):

Start-up Business (Not yet in production) Forecasted Start Date: _____

New Business (Less than 1 year) Date Started: _____

Existing Business (More than 1 Year) Date Started: _____

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If this is a new business: What steps have you taken towards establishing your business?

Describe the stage of development your business is in at this time:

2. Company Status (Please Check One):

Sole Proprietorship

Corporation

None Yet

Partnership

LLC

Other, Specify: _____

3. Name(s), address, phone numbers of additional principals, partners or shareholders:

Name: _____

Address: _____

Phone Number: _____

4. Briefly describe your business, products and target markets:

5. Describe your background or experience with product / service related to the business:

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6. What is the purpose for seeking space at the RCC SBDC IV Kitchen:

7. How much money have you invested or acquired loan funding related to the business?

8. How do you intend to capitalize (finance) the business for anticipated growth?

9. Do you currently have the following? (Check all that apply):

Business Plan Market / Feasibility Study Financial Projections

10. Check areas of assistance requested from RCC SBDC:

Strategy Financial planning Marketing Manufacturing

11. Approximate date you intend to start using the IV kitchen space: _____

12. Are you a resident of Josephine County? YES NO

If YES, how long? _____ If NO, do you have plans to relocate here? _____

13. Please provide any additional information you feel is relevant:

Applicant hereby certifies that to the best of his/her knowledge that all information stated on this application and attached to it, is true and accurate. Applicant understands that IVBEC may retain the application and any attached information whether or not it is approved. Applicant agrees to comply with all applicable regulations and ordinances if accepted as client.

Signature: _____ Name: _____ Date: _____