

Date \_\_\_\_\_

# Chefs Center of California

## PRE-APPLICATION

1. Name: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. How did you learn about Chefs Center? (Please check only one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Brochure/Flyer  | <input type="checkbox"/> Culinary School  | <input type="checkbox"/> Electronic newsletter |
| <input type="checkbox"/> Twitter   | <input type="checkbox"/> Facebook   | <input type="checkbox"/> YouTube Video         |
| <input type="checkbox"/> Pasadena Health Dept.   | <input type="checkbox"/> CA Health Department                                       | <input type="checkbox"/> E-mail                |
| <input type="checkbox"/> Word of Mouth   | <input type="checkbox"/> Friend   | <input type="checkbox"/> Craig's List          |
| <input type="checkbox"/> Driving by  | <input type="checkbox"/> Chef's Kitchen (at South Robertson Blvd. LA)               | <input type="checkbox"/> Google Ad             |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Web site (you knew our name and typed www.chefscenter.org) |  |
| <input type="checkbox"/> On Line Search - If you found us via internet, what words/terms did you use to find us? |   |  |

(Thank you for providing this information; this will help us better serve other food-based businesses)

3. Business Name: \_\_\_\_\_

4. Is your business  New or  Existing?

5. Type of Business:  Caterer  Specialty Food Producer  Other: \_\_\_\_\_

6. Briefly describe your business: \_\_\_\_\_

7. Do you have a written business plan for review?  Yes  No

8. Do you have liability insurance?  Yes  No

7a. If no, are you interested in acquiring liability insurance?  Yes  No

9. Do you have a current food handlers certificate?  Yes  No

10. Anticipated number of hours of kitchen usage needed:

Anchor tenant:  20 hours or more per week \_\_\_\_\_ No. of days \_\_\_\_\_

Other tenant:  \_\_\_\_\_ hours per week \_\_\_\_\_ No. of days \_\_\_\_\_

Other tenant:  once a week \_\_\_\_\_ Hours per week \_\_\_\_\_

Other tenant:  once every other week

Other tenant:  other: \_\_\_\_\_

11. What equipment do you need to make your product(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_