



Louisiana Edible Creations Center®

Tenant Application

Date: _____

Name: _____

Daytime Phone: _____ Mobile: _____ Home _____

Address: _____

City/State/Zip: _____

SSN: _____

Business Name: _____

Business Address: _____

City/State/Zip: _____

Driver's License #: _____ (attach copy - include all employees)

Business Status: Pre-Venture Projected Start Date: _____

New (1st year) Start Date: _____

Existing Start Date: _____

Type of Business: Legal Status:

- Specialty Food Producer Limited Liability Company
- Caterer Sole Proprietorship
- Vendor Corporation
- Other: _____ Other: _____

Do you have an Ascension Parish Dept of Health license? (if so, attach copy)

License #: _____ Exp. Date: _____

Do you have a State of Louisiana Food Processors License? (if so, please attach copy)

License #: _____ Exp. Date: _____

Do you currently carry Product Liability Insurance? (attach copy of certificate)
Insurer: _____ Coverage (\$): _____

Do you have Workman's Compensation Insurance (attach copy of certificate)
Insurer: _____

Briefly describe your business and the products you wish to prepare at the LECC commercial kitchen.

List the ingredients used in your product(s). This information is needed for regulatory purposes regarding licensing, cross-contamination and allergen control.

- | | | |
|----------|----------|-----------|
| 1. _____ | 5. _____ | 9. _____ |
| 2. _____ | 6. _____ | 10. _____ |
| 3. _____ | 7. _____ | 11. _____ |
| 4. _____ | 8. _____ | 12. _____ |

What type of equipment do you need to prepare and process your product(s)?

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

What type of equipment do you need to package your product(s)?

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

How do you plan to ship/transport your product(s)?

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

Do you need business planning assistance.? _____

Or, list date business plan will be completed for review. _____

What is your target market?

How do you (plan to) market your product?

How many employees do you have: Full time _____ Part time _____

If you are already in business, has your product(s) proven viable? Yes No

Where is your product(s) sold? _____

If you are not in business, have you tested your potential market? Yes No

If so, how was the market tested and what type of feedback did you receive?

Do you have adequate financing for your business? Yes No

Briefly Explain:

What are your production goals?

How many hours (if known) do you expect to use the kitchen?

Per week: _____ Per month: _____

What hours and days of the week do you expect to need the kitchen?

Hours:

Days:

Monday Tuesday Wednesday Thursday Friday

Do you need storage space? Freezer __ Cooler__ Dry __ A/C__

If so, estimate how much space of each type of storage you will need.

Freezer Space estimate: _____

Cooler Space estimate: _____

Dry Storage Space estimate: _____

Do you anticipate needing additional storage space in the future? Yes No

Would you be interested in any of the following services?

Copy Machine Fax Machine

Conference Room Office Space Business Assistance

Please list 3 business references: (Name, Business, Address, Phone)

1)

2)

3)

