

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Numbers - Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name: (Circle one: Proposed / Existing) \_\_\_\_\_

**Business Status:**

Pre-Venture - Projected Start Date: \_\_\_\_\_  Existing - Start Date: \_\_\_\_\_

**Type of Business:**

- Specialty Food Producer
- Caterer
- Farm / Grower
- Restaurant
- Other: \_\_\_\_\_

**Legal Status:**

- Limited Liability Company
- Sole Proprietorship
- Corporation
- Undecided
- Other: \_\_\_\_\_

Please list/describe the product(s) you wish to produce: \_\_\_\_\_

**Date you attended Developing Your Food Product Idea Class:** \_\_\_\_\_

Please send completed application to: [baumhoff@uidaho.edu](mailto:baumhoff@uidaho.edu)

MAIL or HAND DELIVER to: University of Idaho Food Technology Center  
Attn: Cini Baumhoff  
1908 E. Chicago Street, Caldwell, ID 83605

For UI office use only	Date Application Received: _____
Date Contacted Applicant: _____ via: email / phone / in person	Initials: _____
Initial to confirmed DYFPI attendance: _____	Date of follow up meeting: _____

Do you have a current Food Establishment?  No  Yes License?  No  Yes (Include copy)

Food producers are required to carry Product Liability Insurance\*\* If you currently carry Product Liability Insurance, please include a copy of certificate for our records. Thank You.

Insurer: \_\_\_\_\_ Coverage (\$): \_\_\_\_\_

\*\* UIFTC requires all tenants to include us as additional insured certificate holders.

Please briefly describe your professional background? \_\_\_\_\_

Please describe the scale and scope of your food product idea. \_\_\_\_\_

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

- |          |           |                                       |
|----------|-----------|---------------------------------------|
| 1. _____ | 6. _____  | 11. _____                             |
| 2. _____ | 7. _____  | 12. _____                             |
| 3. _____ | 8. _____  | 13. _____                             |
| 4. _____ | 9. _____  | 14. _____                             |
| 5. _____ | 10. _____ | Attach additional lists if necessary. |

Is your product packaged and stored frozen or refrigerated?  Yes  No

Is your product shelf stable?  Yes  No  Uncertain

If so, please tell us how that was determined: \_\_\_\_\_

What is the shelf life of your product(s)? \_\_\_\_\_

Do you need assistance in determining shelf life and/or product stability?  Yes  No

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

- |          |          |          |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

What types and sizes of packaging do plan on using? Undecided \_\_\_\_\_

- |            |            |            |
|------------|------------|------------|
| 1. _____   | 2. _____   | 3. _____   |
| Size _____ | Size _____ | Size _____ |

Do you need assistance in contacting companies that sell packaging materials:  Yes  No

Do you have printed labels?  No  Yes (If so, please include a sample label)

Do you need assistance in label design?  Yes  No

Do you need assistance in label formatting regulations?  Yes  No

Do you need assistance in label printing?  Yes  No

Do you need assistance with nutritional labeling?  Yes  No

Do you view your potential food venture employment as:  Full-time  Part-time

Do you have a written business plan available for review?  Yes  No  Soon/In Progress

Do you need business planning assistance?  Yes  No

What is your target market? \_\_\_\_\_

How and where do you (plan to) market your product? \_\_\_\_\_

What price do you expect your target customer will pay for your product? \$ \_\_\_\_\_

How many employees do you have, or plan on needing once in production?

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Other: \_\_\_\_\_

Do you have adequate financing for your business?  Yes  No

How much working capital do you have? \$ \_\_\_\_\_

What are your production goals?

Short Term: \_\_\_\_\_

Long Term: \_\_\_\_\_

Do you anticipate producing product at the UIFTC kitchen?  Yes  No

If so, how many days &/or hours (if known) do you expect to need the kitchen?

Per week: \_\_\_\_\_ Per month: \_\_\_\_\_ Other: \_\_\_\_\_

How many hours and days of the week do you expect to need the FTC kitchen? (M-F, 8am-5pm)

Hours: \_\_\_\_\_

Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Will you need long term storage space?  No  Yes  Not at first, perhaps after some growth

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

Freezer Space estimate: \_\_\_\_\_

Cooler Space estimate: \_\_\_\_\_

Pallet/Dry Space estimate: \_\_\_\_\_

**How and where do you plan to store, ship/transport/deliver your product(s)?**

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**Please list 3 business references: (Contact Name, Business, Phone/Email)**

1) \_\_\_\_\_

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2) \_\_\_\_\_

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3) \_\_\_\_\_

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**Please list questions and topics you most wish to discuss with UI Staff:**

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**Please list the preferred way and the best day(s) and time(s) for UI Staff to contact you and discuss your business venture:**       Email       Mobile Phone       Home Phone

**Day(s):**       Monday       Tuesday       Wednesday       Thursday       Friday

**Times:**      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

