

KASANA Collective Kitchen

6095 South Jasper Avenue | Milwaukee Wisconsin 53207

KASANA Collective Kitchen Participant Application Form

The KASANA Collective Kitchen is a spacious, certified food-processing facility, host to a hub of culinary creativity and entrepreneurial spirit in Milwaukee. Participants in KASANA Collective ("Participants") are taking on the exciting challenge of creating value-added, lovingly crafted products from the wealth of natural ingredients grown right here in Southeastern Wisconsin. Participants in KASANA Collective are independent business owners or event planners operating their own business with their own business licenses. KASANA Kitchen is available at an hourly rate based on the number of hours rented per month and the amount and type of space required. The KASANA Collective Kitchen includes cooking, baking and preparation areas, as well as a cooler, freezer, dry storage area, and two dishwashing rooms.

Thank you for your interest in becoming a Participant at KASANA Collective Kitchen.

- Check KASANA Collective Kitchen Rental Rate sheet for appropriate needs
 - If interested, please contact KASANA for a tour of facility
 - Please submit KASANA Collective Kitchen Participant Application
 - If our facility is a fit, the following documents will need to be provided:
 - Signed application and deposit
 - Signed Kitchen Use Agreement
 - Signed Kitchen Rental Policy Agreement
 - Signed Non-disclosure and Non-compete agreements
 - Proof of Insurance. Minimum of \$1 million in product liability listing
- AnaCorp LLC, dba KASANA.

- Wisconsin Food Safety Manager Certificate
http://foodsafetytrainingcourses.com/wisconsin_food_safety_training_course.html
- Licenses:
 - City of Milwaukee:
<http://city.milwaukee.gov/cityclerk/license/LicensesPermits#.Wt5FVS-ZOA8>
 - Milwaukee Health Department Food Safety Inspection:
<http://city.milwaukee.gov/health/CEH#.Wt5GHC-ZOA8>
 - WI DATCP:
https://datcp.wi.gov/Pages/Licenses_Permits/FoodLicenses.aspx
 - WI DOR:
<https://www.revenue.wi.gov/Pages/Businesses/New-Business-home.aspx>
 - FDA (if appropriate):
<https://www.fda.gov/Food/ResourcesForYou/Industry/ucm322302.htm>
- Schedule your orientation at KASANA Collective Kitchen.
- Schedule your upcoming hours in the Kitchen
- You're ready to go. Get to cooking!

Please fill out this form and mail it or hand deliver it to:
 Ana Claudia Navarro Docta 6095 S. Jasper Avenue - Milwaukee, WI 53207
 You may also return the form, via e-mail, to info@kasana-mke.com.

CONFIDENTIALITY POLICY:

KASANA has asked you to share some personal information. The information you share with KASANA will remain strictly confidential (KASANA will never identify you by name or share your personal information without your signed permission).

I understand the confidentiality policy and hereby give KASANA staff permission to use my information for program evaluation and reporting purposes.

 Signature

 Date

KASANA Collective Kitchen Participant

Personal Information

First Name: _____

Middle Name: _____

Last Name/s: _____

Business Name: _____

Mailing Address: _____

City: _____

State: _____ Zip Code: _____

Work or Business Phone: _____

Home Phone: _____

Cellular: _____

Email: _____

Website: _____

Driver's License #: _____

Driver's License State: _____ Date of Expiration: _____

References

Reference 1

Name: _____

Phone Number: _____

Relationship: _____

Reference 2

Name: _____

Phone Number: _____

Relationship: _____

Reference 3

Name: _____

Phone Number: _____

Relationship: _____

Business Information

Please provide a brief description of your business and the products you produce.

Are you an existing or new business?

New Existing Not a Business

Business License No. EIN: _____

Do you have a working business plan? Yes No
(If no, please explain why not)

Do you currently have general or product liability insurance in place?

Yes No

Does your business require a permit from the Health Dept. or the Dept. of Agriculture? (Select all that apply)

County Health Dept. State Dept. of Agriculture Not Sure

How long have you been in business? _____

What kind of legal entity is your business?

Sole Proprietorship LLC C Corp Other Non-Profit
 Not sure Not a business

What type of equipment do you need? Check all that apply:

Convection Oven _____ Range _____ Fryer _____ Griddle _____

40 Quart Mixer _____ Bakers Station _____ Dough Proofer _____

Walk-In Cooler _____ Freezer _____ Reach-In Cooler _____ Dry Storage Shelf _____

Cooler Storage Shelf _____ Freezer Storage Shelf _____ Locker _____ Other needs _____

What kind of equipment will you be bringing with you?

Approximately how many hours per week do you anticipate using the facility?

- Less than 8 hours 8-16 hours 16-24 hours
 24-32 hours More than 32 hours

If you require the same fixed schedule each week select the days you need each week and write your ideal hours for that day on the line next to it.

- Sunday _____
 Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____
 Saturday _____

I don't require a fixed schedule

How do you sell your product? (Please check all that apply)

- Retail direct to customers (choose fixed storefront or mobile)
 Fixed storefront
 Mobile storefront
 Wholesale
 I do not sell any food products

How many employees do you have who will be working in the KASANA Collective Kitchen? _____

Please list the names of all employees and staff who will be preparing food.

Do the above have professional food experience? Yes No
Please describe (If more than one person, please describe each person's professional food experience):

Do the above have culinary training? Yes No

Please describe (If more than one person, please describe each person's culinary training):

Are the people responsible for food preparation and cooking comfortable using commercial kitchen equipment? Yes No

Are the people responsible for food preparation and cooking comfortable cleaning and maintaining commercial kitchen equipment? Yes No

Is there any specific equipment in KASANA Kitchen that you would need training on?

What are your storage needs? _____

Do you have any additional off-site storage? _____

Have you ever worked in a community kitchen or a shared-use space before?

Are you willing to work with other businesses in the same kitchen? _____

Do you produce acidified foods or other foods that require a scheduled process?
 Yes No Not sure

How familiar are you with the regulatory processes governing the products you plan to manufacture?
 Very Somewhat Not at all

How do you expect your business to grow in the next 6 months?

In the next year? _____

Please list some former customers. _____

Please describe your target market.

How did you hear about KASANA Collective? _____

If you found us through an internet search, what exact words did you search that led you to our site? _____

I understand that this application does not imply acceptance into KASANA Collective Kitchen. I also verify that the information provided is complete and accurate to the best of my knowledge.

Print Name

Signature

Date