

Chubby's Kitchen: Use Application

Physical Location: 890 B North Franklin St. Fort Bragg, CA 95437

Larry Knowles, Proprietor

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YOUR RESPONSES WILL ALLOW US TO CLASSIFY YOUR APPLICATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Name of Your Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Status:

- a. _____ Pre-Venture _____ Start Date (Projected)
- b. _____ New (first year) _____ Start date
- c. _____ Existing _____ Start date

How many employees do you (plan to) have? _____

Three Professional References:

a. Name: _____ Relationship: _____
_____ Phone: _____ Email: _____

b. Name: _____ Relationship: _____
_____ Phone: _____ Email: _____

c. Name: _____ Relationship: _____
_____ Phone: _____ Email: _____

1) What type of group / company are you or do you want to be? (Check as many as are appropriate.)

Retail ___ Wholesale ___ Service ___ Caterer ___ Farmers Market / Cart / Street Vendor ___
Church / School / Civic Group ___ Specialty / Gourmet Food Producer (i.e., mustard, salsa, jams, sauces, cheesecakes, etc.) _____

2) Are you currently selling a food product? Yes _____ No _____

If YES, what are you already selling? : _____

3) What food item(s) are you interested in producing at Chubby's Kitchen?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

4) What type of equipment would you need to prepare your food product?

Please check each needed item.

- a. ___ Standard range / oven
- b. ___ 30 qt. mixer
- c. ___ Stainless steel table
- d. ___ Freezer
- e. ___ Convection oven
- f. ___ Large rotating deck oven(Chubby): 16-restaurant-sized tray capacity
- g. ___ Refrigeration: How much space? Describe your refrigeration needs.

- h. ___ Storage: How much and for what items? _____
- i. ___ Other needs: _____
- j. ___ Other needs: _____

What time of day would you need the facility and which station would you want to use?

(example: Mondays 8 pm to 2 am, Basic Station) Please refer to *Kitchen Organization and Fees* below:

Mondays _____ Fridays _____
 Tuesdays _____ Saturdays _____
 Wednesdays _____ Sundays _____
 Thursdays _____

Scheduling Comments: _____

Please Note: Scheduling is first come, first served, and must always be made no later than the 25th of each month. The Wall Calendar in Kitchen facilitates scheduling.

- Each user is responsible for cleaning up at the end of a session, if left messy, a \$50 cleaning fee for each incident may be deducted from Deposit.

Kitchen Organization and Fees (prices are subject to change without notice)

Basic Station: Includes range, convection oven, 14' of counter space, 30 qt. mixer, sink, utility room and supplies, bathroom, one storage cabinet, as needed, with 4 shelves approx. 24" x 30" each.

Chubby Oven Station: Includes *Basic Station* items plus Chubby Oven.

Use Fees: 8 hours is the minimum.

Day Use: 8 – 31 hours @ \$15 per hour = \$120 to \$465 -----# hours _____ x \$15.00 = \$ _____
If you need to use 26 hours (\$390) or more, consider signing up for 32 hours (\$384) in order to save money.

Day Use: 32 hours and up @ \$12 per hour = \$384 and up ----# hours _____ x \$12.00 = \$ _____

Off Hours: 8 – 31 hours @ \$13 per hour = \$104 to \$403 -----# hours _____ x \$13.00 = \$ _____

Off Hours: 32 hours and up @ \$11 per hour = \$352 and up --# hours _____ x \$11.00 = \$ _____

Storage Fees:

Additional Shelf storage \$25 per month (2 ea-18"x36") # shelves _____ (x) \$25 = \$ _____

Refrigerator door \$25 per month # doors _____ (x) \$25 = \$ _____

Half Refrigerator door \$15 per month # ½ door _____ (x) \$15 = \$ _____

Freezer door \$25 per month # doors _____ (x) \$25 = \$ _____

Half Freezer door \$15 per month # ½ door _____ (x) \$15 = \$ _____

Initial Cleaning/Security/Key Deposit \$ 150.00

Other use / agreements: _____ \$ _____

Other use / agreements: _____ \$ _____

Required: General Liability and Product Insurance with a minimum coverage of \$1,000,000. Larry Knowles must be named as additional insured.

Additional notes and questions you have about Kitchen Organization and Fees:

How many hours a month do you want to use this facility? _____

What is your target market? _____

What is your sales goal (both in volume and in dollars)? _____

How do you plan to market your product? _____

What other services or equipment could the facility provide to make your food products business successful? _____

Does your business have adequate financing? Yes _____ No _____

Briefly explain: _____

Do you know anyone else who might be interested in using this kitchen?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

If you have any questions, please call Larry Knowles at 707-964-5507