Blue Ridge Food Ventures, LLC—User Application Form

Date: _____

$60 fee must accompany this form (non-refundable)

Contact Information: *Please fill in all blanks.*

Name(s)	
Business Name	
Title	
Address 1	
Address 2	
City	
State	
Zip Code	
County	
Home phone	
Business phone	
Cell phone	
FAX	
Email address	
Website	

Business Status: *Please check appropriate boxes and supply dates.*

How old is this business?			
☐	**Business Start-Up (*not yet in production)***	**Anticipated Starting Date:**	
☐	**New Business *(already in 1st year of production)***	**Date Started:**	
☐	**Existing Business *(more than 1 year old)***	**Date Started:**	

Company Status

☐ **Sole proprietorship**
☐ **LLC**
☐ **Partnership**
☐ **Corporation**
☐ **Other, specify**
☐ **None yet**

Products

Please describe the products (or type of business) you plan on producing at BRFV:

Please <u>check all the categories</u> that apply to you or your products produced at BRFV:

☐ **Caterer/personal chef** [Catering; GTG]
☐ **Baked goods (*breads, cakes, pies, etc…)*** [Bakery; AF]
☐ **Farmer adding value to produce (bagged vegetables, apple slices, etc…)** [Value-added; AF]
☐ **Specialty food producer: frozen products** [SFF; AF]
☐ **Specialty food producer: bottled product *(salsas, sauces, dressings, pickles, jams, etc)*** [SFB; AF]
☐ **Specialty food producer: refrigerated product *(fresh salsa, dips, etc…)***[SFC;AF]
☐ **Herbal food products for human consumption *(teas, spice mixtures, etc*…)**[SFD;AF]
☐ **Herbal products/dietary supplements *(tinctures, extracts etc…)*** [NPDS;NP***]***
☐ **Herbal products for topical use *(salves, creams, sprays, repellents etc…*)*[***NPPS;NP]
☐ **Dried products (tomatoes, mushrooms, apples, soup or sauce mixtures)** [Catering;GTG**]**
☐ **Mobile truck, or push cart (circle which one)** [Catering; GTG]
☐ **Other, please describe in detail:**

Do any of your products require a <u>Scheduled Process</u> (acidified foods such as pickles, relishes, chutneys, dressings, etc…? or dried foods tested with water activity?)

Check one: Yes ☐ **No** ☐ **Don't know** ☐

In this calendar year, how many employees do you plan on having, besides the business owner(s)?

Full time ☐**------approximate number** ☐
Part time ☐**------approximate number** ☐
None besides myself & partner ☐
Don't know ☐

Name of Insurance Company: _____

Beginning date of coverage: _____

Have you completed the Mountain BizWorks Foundations Course? ☐ **Y/N**
Are you working with a business consultant such as the Small Business Center, SBTDC, SCORE, etc..? ☐ **Y/N**

The following information is requested only to help us in writing proposals for funding from donors and reporting purposes, and will not be identified with any specific company. All information remains confidential:

Number of persons in your household: ☐
Total household income for the past tax year:
☐ **Less than $30,000**
☐ **More than $30,000**