

Macon County Heritage Center

User Application Form for Food Business and Groups or Organizations

Today's Date: _____

Business Name _____

Contact Person: _____

Business Owner's Name:

This business is: (please check one) Sole proprietorship Partnership
 LLC Corporation New Start-up Other (please specify)

Address: _____

Phone: Home _____ Business _____

Cell _____ Fax _____

E-mail _____

Website _____

In case of emergency, contact: _____ phone: _____

Have you completed ServSafe Training? yes no

If so, Certification expiration date: _____

Business Status: Do you currently have a food business? yes no

Do you currently have non-food business? yes no

Food Business Information:

I am a new food business (not yet in production)

Anticipated Start Date: _____

I am a new food business in my first year of production

Started (date): _____

___ I have been in the food business for _____ years

What type of food products do you plan to produce at MCHC?

(Check all that categories that apply)

___ Caterer/personal chef

___ Baked goods (*bread, cookies, cakes, pies, etc.*)

___ Local farm goods adding value (*fruits into jam/jelly, fresh vegetables made into soups; added to other ingredients to produce dips, etc. please specify in space provided below*)

___ Specialty food producer of frozen products, canned/jarred products (*salsas, sauces, dressings, pickles, etc.*)

___ Herbal products for human consumption (*teas, spice mixtures, etc.*)

___ Dried or dehydrated products (*ramps, tomatoes, mushrooms, apples, etc.*)

___ Other (*please describe below*) Please Note: *Special conditions for use of this facility may apply and will be discussed further as discovery of the need arises.*

How many employees do you currently have? (Please enter number, including you)

___ full time ___ part time ___ seasonal

Do you plan to add employees as a result of using MCHC? ___ yes ___ no

If yes, (please enter number) ___ full time ___ part time ___ seasonal

How many hours do you anticipate using MCHC? (For planning purposes only, information provided is not binding.)

_____ Hours/Days

_____ Weekly

_____ Monthly

_____ Annually

_____ Seasonally (from _____ to _____)

Name of Insurance Company: _____

Amount of Product Liability Coverage: ___ \$1 Million ___ \$2 Million ___ More

Beginning Date of Coverage:

Please NOTE: To use this facility, one million dollar (\$1 million) Product Liability coverage is required. Proof of insurance must be presented with signed contract prior to facility use.

*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 private and confidential. **Groups or organizations skip this page.***

Number of persons in your household: _____

Total household income for the past tax year:

___ Less than \$30,000

___ More than \$30,000

Do you farm land? ___yes ___no

Total acres in production? _____

___ Own land and farm it

___ Rent land and farm it

___ Share farmland with someone else

___ Family garden

In what county do you reside? ___ Macon ___ Cherokee ___ Clay

___ Graham ___ Swain ___ Qualla Boundary ___ Jackson

Income resulting from this product provides: (check one)

___ primary family income ___ supplemental (extra) family income

Do you have an estimated retail or wholesale value of the products that you will produce at MCHC? ___yes ___no (If yes, approximately \$_____)

Is the product(s) new product for you to produce? ___yes ___no

Will the product(s) be new on the market? ___yes ___no

On a scale of 1-5 (1=not important to 5=very important), how important is MCHC to producing your product?

Not important at all ___1 ___2 ___3 ___4 ___5 very important

Comments _____

This page is for Groups or Organizations wishing to use MCHC

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 group. All information remains private and confidential.

Name of your group: _____

Please answer each question to the best of your ability.

Total number of people in your group: _____

Number of women: _____ Number of men: _____

Number members who are: (white) Caucasian _____

Native American _____

Hispanic _____

African American _____

Other _____

Preliminary Agreement Document
For Retail/Wholesale Food Production Group or Organization

I, _____, representative of _____,

(Your name)

(Group or organization)

do hereby testify to the fact that all information provided on this application to use Macon County Heritage Center is true and accurate to the best of my knowledge. I understand that if for any reason I (or members of my organization) break rules governing our use of the facility, we may not be allowed to continue to produce our goods at Macon County Heritage Center.

(print your name)

(today's date)

(signature)

Preliminary Agreement Document
For Retail/Wholesale Food Production Companies

I, _____, representative of _____,

(your name)

(company)

do hereby testify to the fact that all information provided on this application to use Macon County Heritage Center is true and accurate to the best of my knowledge. I understand that if for any reason I (or members of my company) break rules governing our use of the facility, we may not be allowed to continue to produce goods at Macon County Heritage Center.

(print your name)

(today's date)

(signature)