



Brown County Culinary Kitchen
2900 Curry Lane
Green Bay, WI 54311

Application

Date: _____
Name (s): _____
Address: _____
City/State/Zip: _____
Primary contact number: (____) _____ Email: _____
Business Name: _____
Business Website/social media: _____

1. What is your business structure? LLC S-Corps Inc Other _____
2. Business Status: Pre-Venture New– First Year Existing Other: _____
3. Briefly describe your business: _____

4. List the products main ingredients and equipment you will utilize in your business: _____

5. Do you have a written business plan? Yes No
6. What is your target market? _____
7. Number of employees: _____ Full time _____ Part time
8. Anticipated number of hours of kitchen usage needed: _____ per week _____ per month _____ per year
9. Is your product seasonal? No Yes –I will be making my product only in the following month(s): _____
10. Do you currently have business insurance? No Yes

Completed application may be returned to: Advance Business & Manufacturing Center, Attn: Incubator Program Manager, 2701 Larsen Rd., Green Bay, Wi 54303, 920-496-6009 fax

**Please note, that due to the nature of where the kitchen incubator is located and the clientele working at the N.E.W. Curative Rehabilitation facility, all kitchen tenants will have a background check completed on them. Failure to give authorization for that background check will result in the denial of kitchen use.*