



## Preliminary Application for use of CASFB Community Kitchen

The Potluck is dedicated to offering entrepreneurs an avenue with which to become self-sufficient and economically stable. The kitchen incubator will act as a stepping stone by providing low rental rates for low income entrepreneurs, who would otherwise be unable to afford the high overhead costs of starting a new business. Therefore, those entrepreneurs who meet the Federal Poverty Guidelines of low/moderate income will be given priority in acceptance into The Potluck. There will be limited space each month for those who don't meet the income requirements to use the community kitchen.

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*Please print clearly*

Business name: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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*The following items must be submitted with this Preliminary Application prior to receiving acceptance into The Potluck.*

Tax Return       Food Safety Manager Certification       Tax ID  
number

Liability Insurance (*\$1,000,000 minimum coverage with the Potluck is listed as additional insured*)





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*Upon acceptance into The Potluck, the following items must be submitted prior to use of the kitchen*

- Health Permit (Utah County, UDAF, or both depending on your product)
- Provo Business License (will need health permit to obtain business license)
- Business Plan (We offer assistance with writing one)

Please briefly describe your business:

Please write your ideal schedule for using the kitchen. We are open 24/7:

We only allow one business to use the kitchen at a time. Are you flexible in the times you request to use the kitchen? If not, please explain.

How many employees besides yourself will be using the kitchen?

Do you have any large storage needs?



***IMPORTANT INFORMATION:***

**KITCHEN USE:** Kitchen fees will be assessed on a sliding scale according to Federal Poverty Guidelines. Rental fee payment is due the 10th of each month. If payment is not made by this time, a fee of \$5.00 a day will be added to the payment total. CASFB reserves the right to terminate contract agreement at any time.

*I understand this application does not guarantee acceptance into **The Potluck**.  
I attest that the information on this form is accurate to the best of my ability.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_

*Return application and documentation to:*

Jennifer Morgan, Community Action Services and Food Bank, 815 S. Freedom Blvd, Provo,  
UT 84601



