



**CONTACT INFO**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_

What is the best way to reach you? 

How did you hear about Mesa Komal?

- |  |   |
|--|---|
| <input type="checkbox"/> Radio             | <input type="checkbox"/> School               |
| <input type="checkbox"/> Newspaper         | <input type="checkbox"/> Nonprofit Agency     |
| <input type="checkbox"/> Friend or family  | <input type="checkbox"/> Email / Social Media |
| <input type="checkbox"/> Brochure or flyer | <input type="checkbox"/> Other _____          |

Have you received other services from Conexión Américas?

- |   |   |
|---|---|
| <input type="checkbox"/> Tax Help         | <input type="checkbox"/> Parents as Partners  |
| <input type="checkbox"/> Conversemos/ESL  | <input type="checkbox"/> Legal Support        |
| <input type="checkbox"/> Negocio Prospero | <input type="checkbox"/> Email / Social Media |
| <input type="checkbox"/> Puertas Abiertas | <input type="checkbox"/> Other _____          |

**HOUSEHOLD INFORMATION**

Number of Adults in your household: \_\_\_\_\_

Number of Children under 18: \_\_\_\_\_

Are you a single parent?  YES  NO

Housing:

- Own a home or mobile home
- Rent a home or apartment
- Do not pay rent or mortgage

Are you the primary income earner in your family?

YES  NO

Current Employment Status (check all that apply)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Full-Time Self-employed                        | <input type="checkbox"/> F-T Employed |
| <input type="checkbox"/> Part-Time Self-employed                        | <input type="checkbox"/> P-T Employed |
| <input type="checkbox"/> Unemployed Since _____                         |                                       |
| <input type="checkbox"/> Not working by choice (Retired, Student, etc.) |                                       |

Please describe your occupation and employer:

\_\_\_\_\_  
\_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Gender \_\_\_\_\_

Age

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 8-22  | <input type="checkbox"/> 40-49 |
| <input type="checkbox"/> 23-29 | <input type="checkbox"/> 50-64 |
| <input type="checkbox"/> 30-39 | <input type="checkbox"/> 65+   |

Ethnicity

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Hispanic/Latino           | <input type="checkbox"/> Asian       |
| <input type="checkbox"/> African American          | <input type="checkbox"/> Indigenous  |
| <input type="checkbox"/> White/Caucasian           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hawaiian/Pacific Islander |                                      |

Marital Status

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Married  | <input type="checkbox"/> Single    |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widow(er) |

Do you describe yourself as an immigrant?

YES  NO

If yes, # of years in the US \_\_\_\_\_

Native Country \_\_\_\_\_

Primary Language \_\_\_\_\_

Secondary Language(s) \_\_\_\_\_

Highest level of education

- Less than High School or GED
- High School Diploma
- Vocational/Technical Certificate
- 2-year college degree
- 4-year college degree
- Master's degree or above

Are you a Veteran?  YES  NO

Are you registered to vote?  YES  NO

Do you have reliable access to the internet?  YES  NO

Do you have Health Insurance?  YES  NO

If yes, from where?

- Employer/Coverage through job
- Spouse's Employer
- Medicaid/Medicare
- Private Policy/Insurance

Do you receive any government benefits?

YES  NO

Do you have a personal checking or savings account?  YES  NO

Do you have any savings you can use to start your business?  YES  NO

Mesa Komal is supported by a grant from the Department of Health and Human Services and requires annual statistic reporting. Your business information will remain anonymous. All questions are required. On questions #2, #3 and #4: if your business is not yet in operation, you may answer with a "0"; for those in business, please use your best judgment to provide accurate estimates if you do not track your actual income and expenses. For question #5, please indicate if you or anyone else has already made any monetary investments in the company. For "In-kind" investments, please think about any labor, equipment or donations that have been given to the company but were not paid for. If you have applied for a loan or have been promised an investment at a later date, please indicate that under "Projected".

<b>ANNUAL INCOME</b>		
Last Year's Household Income: _____ Last Year's Personal Income: _____		
<b>MONTHLY FINANCES</b>		
<b>(1) Household Income</b>	<b>You</b>	<b>Other adults in the household</b>
Employment Income	\$	\$
Self-employed Income	\$	\$
<b>(2) Business Income</b>	<b>Actual (if known)</b>	<b>Estimated</b>
Direct Sales	\$	\$
Wholesale Sales	\$	\$
Other	\$	\$
Total	\$	\$
<b>(3) Business Expenses</b>	<b>Actual (if known)</b>	<b>Estimated</b>
Rent / Utilities	\$	\$
Food / Ingredients	\$	\$
Equipment Rental	\$	\$
Insurance	\$	\$
License / Permits	\$	\$
Loan Payments	\$	\$
Payroll (including independent contractors)	\$	\$
Marketing / Donations	\$	\$
Other	\$	\$
Total	\$	\$
<b>(4) Business Assets</b>	<b>Actual (if known)</b>	<b>Estimated</b>
Equipment	\$	\$
Vehicles	\$	\$
Contracts	\$	\$
Other	\$	\$
Total	\$	\$
<b>(5) Investment</b>	<b>Personal</b>	<b>Other</b>
To date	\$	\$
In-kind (labor, donations, etc.)	\$	\$
Projected	\$	\$

## BUSINESS INFORMATION

Name of Business \_\_\_\_\_

Business Address (if different) \_\_\_\_\_

Business Partners \_\_\_\_\_

Type of Business: (check all that apply)

- Food Truck                       Mobile Food Vendor  
 Wholesale Vendor             Banquets & Events  
 Baking/Confections         Other \_\_\_\_\_  
 Pickled or Acidic foods (including salsa, sauces, etc)

What are you making? \_\_\_\_\_

Who/what is your target market? \_\_\_\_\_

State of your business:

- Still planning. Projected start date? \_\_\_\_\_  
 Open & making sales, but operating less than one year.  
 The business was launched over a year ago on this date: \_\_\_\_\_

How many hours per week do you work on your business? \_\_\_\_\_

Do you have a business bank account?  YES  NO

How do you track your income & expenses?

- I don't       Use Excel             Quickbooks  
 Give receipts to an accountant  Other \_\_\_\_\_

As the business owner, are you able to pay yourself a salary or at least pay your bills and personal expenses from the business?  YES  NO

If not, when do you anticipate that will be possible?

- 3-6 months    6-12 months    at least 1 more year

Do you have any of the following?

- Business Plan  
 Business License  
 Tax ID number  
 Resale License  
 Business/Liability Insurance  
 Social Media for your business  
 Business Website: \_\_\_\_\_

Do you have employees?  YES  NO

If yes, how many?

F-Time \_\_\_\_\_ P-Time \_\_\_\_\_ Temp \_\_\_\_\_

Do any employees have any benefits?  NO

- Health Insurance             Sick Leave  
 Retirement                     Profit Sharing

Do you hire independent contractors?

YES  NO

If yes, how many people do you hire on a somewhat regular basis? \_\_\_\_\_

Have you participated in any business classes or trainings? If yes, when and where? \_\_\_\_\_

Do you have any plans to attend a business training class?

Would you utilize any trainings if Conexión Américas provided business support, resources and/or mentors?  YES  NO

Which topics would be helpful for you?  
\_\_\_\_\_  
\_\_\_\_\_

If you have an operating business, would you be interested in mentoring a brand new business, meeting with them for 4-8 hours each month? *This does not commit you to anything.*  YES  NO

Business History: Briefly describe how the idea of your business was born and why you are pursuing the idea.

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## CULINARY EXPERIENCE

Do you have professional culinary training?

YES  NO

If yes, please indicate the school:

If not, please describe how, when and from whom you learned to cook:

Do you have professional cooking experience?  YES  NO

Please describe your experience:

Are you comfortable sharing the kitchen space with other cooks and chefs?

YES  NO

Have you used a shared commercial kitchen before?  YES  NO

If yes, was it a good experience?  YES  NO

What were the challenges?

Have you completed a food handler's training course?

YES, from ServSafe OR Health Department  
(circle one)

DATE \_\_\_\_\_

NO, I will take the class from

ON DATE: \_\_\_\_\_

## KITCHEN USE

Which kitchen equipment do you use the most?

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What type of equipment or utensils will you need to bring with you?

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How will you purchase your ingredients, from the store, directly or through a distributor?

Will you need to receive deliveries at the kitchen?

NO  YES, from whom? \_\_\_\_\_

Do you have cooking assistants?  YES  NO

If yes, how many will accompany you in the kitchen? \_\_\_\_\_

*PLEASE NOTE: ANY ASSISTANTS MUST COMPLY WITH THE RULES AND REGULATIONS OF MESA KOMAL. YOU ARE 100% RESPONSIBLE FOR ENSURING THEY FOLLOW ALL RULES.*

Will you need to store anything overnight at the kitchen?  YES  NO  OCCASIONALLY

If yes, please describe the storage you will need?

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Are you interested using storage space on a monthly basis at Mesa Komal for food or equipment?

NO  YES, dry storage  YES, cold storage

How many hours do you anticipate using the kitchen (an estimate)?

Per week: \_\_\_\_\_ Per month: \_\_\_\_\_

For the most part, is your kitchen schedule the same every week?  YES  NO

If not, please explain:

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**PROJECTED SCHEDULE**

Please place a **checkmark** (✓) in the hours that you would like to use the kitchen; your estimated, *ideal* schedule.

If applicable, please **cross off** (X) the hours or days that would *never* work for your current schedule (i.e. you have another job and work during those hours).

*PLEASE NOTE: HOURLY RENTAL IS AVAILABLE MONDAY & TUESDAY ONLY. WEEKLY RENTAL OPTIONS DIVIDE THE WORK DAY INTO TWO SHIFT OPTIONS: 4 AM - 3 PM AND 3 PM - MIDNIGHT.*

	MON	TUES	WED	THUR	FRI	SAT	SUN
4 - 6 am							
6 - 8 am							
8 - 10 am							
10 - noon							
12 - 2 pm							
2 - 4 pm							
4 - 6 pm							
6 - 8 pm							
8 - 10 pm							
10 pm - midnight							
OTHER:							

What are some of the biggest barriers or obstacles your business faces right now?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

What do you enjoy most about your business?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Is there anything else you would like to share about you or your business operations or expectations?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



- The information that has been provided is complete and accurate, to the best of my knowledge.
- I understand and am in agreement with the rules of Mesa Komal and of the State of Tennessee in regards to the preparation and sale of food.
- I understand that my information is confidential and it will not be disclosed with any person outside of Conexión Américas. Any data that is shared for statistical purposes will not have any personal information included.
- From time to time, Conexión Américas collects follow-up information from guests regarding business, economic, and employment status and experiences. I agree to provide this requested information on a timely basis.
- I will allow Conexión Américas to use my photograph and any of my assistants in their website, official publications or wherever it may be deemed appropriate. I understand that if my image appears on the Conexión Américas' website, it may be viewed and downloaded by anyone. I waive any claims against Conexión Américas and agree not to hold Conexión Américas responsible for that use.
- Yes, please add me to the email distribution list from Conexión Américas for special events.

X \_\_\_\_\_

Guest's Signature

\_\_\_\_\_

Date