



MESA KOMAL APPLICATION

Date _____

Name _____ Middle Initial _____

Last Name _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Phone (Cell) _____ Phone (Home) _____

Email _____ Phone (Work) _____

Section A – PERSONAL INFORMATION

The following questions are used for demographic reporting. All information obtained is confidential.

1. Native city and country _____
3. # of years in the US _____ # of years in Tennessee _____
4. Gender _____
5. Age
 - a. 18-22
 - b. 23-29
 - c. 30-39
 - d. 40-49
 - e. 50-64
 - f. 65+
6. Which ethnic group do you identify with?
 - a. Hispanic / Latino
 - b. African American
 - c. White/Caucasian
 - d. Asian
 - e. Hawaiian / Pacific Islander
 - f. Indigenous
 - g. Other _____
7. Marital status
 - a. Married: Name of spouse _____
 - b. Divorced or separated
 - c. Not married
 - d. Widowed
8. Number of adults in your household _____
9. Number of children in your household _____

10. Employment

- a. Full time
- b. Part time
- c. Self-employed
- d. Unemployed
- e. Student

11. Please describe your occupation (occupation and employer)

12. County of employment

- a. Davidson
- b. Cheatham
- c. Dickson
- d. Maury
- e. Montgomery
- f. Robertson
- g. Rutherford
- h. Sumner
- i. Williamson
- j. Other (zip code of your employer) _____

13. Housing

- a. Homeowner
- b. Rent a home
- c. Rent an apartment
- d. Own a mobile home
- e. Rent a mobile home
- f. Do not pay rent or mortgage

14. Level of English

- a. None
- b. Basic
- c. Intermediate
- d. Advanced (write and speak well)
- e. Native English speaker
- f. Other languages spoken: _____

15. Years of formal education _____

16. Higher learning

- a. Currently studying at: _____ Area of study: _____
- b. Associates Degree from: _____ Area of study: _____
- c. Bachelor's degree from: _____ Area of study: _____

17. Masters or post-graduate degree : _____

18. How did you hear about Mesa Komal?

- a. Radio
- b. Friend or family
- c. TV
- d. Newspaper
- e. Brochure or flyer
- f. School
- g. Email Newsletter / Social Media
- h. Nonprofit Agency
- i. Real Estate Agent
- j. Other _____

19. Have you received other services from Conexión Américas?

- a. Tax help
- b. Conversemos/ESL
- c. Negocio Prospero
- d. Puertas Abiertas
- e. Padres Comprometidos/Parents as Partners
- f. Legal
- g. Other _____

Section B – BUSINESS INFORMATION

Type of Business: (check all that apply)

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

Who is the target market for your business?

Where do you sell your products (currently or in the future)?

Where do you currently prepare your food? _____

Business History: Briefly describe how the idea of your business was born.

Did you have a previous food business that you had to close?

Name of the business and dates of operation:

Current state of your business

Not yet in operation. Projected start date? _____

New business, less than one year in operation.

The business is established. In operation for how many years? _____

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

Do you have any interest, or any plans, in attending a business training class?

If you are just starting your business, would you be interested in partnering with a mentor who could offer very basic business coaching? *This does not commit you to anything.* YES _____ NO _____

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 _____

Number of employees, currently: Part-time _____ Full-time _____

Do you have a business plan? YES _____ NO _____

If NO, please explain why:

Do you expect your business to grow in the next six months? YES _____ NO _____

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. _____

Section C – FINANCIAL INFORMATION

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”.

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

Section D – CULINARY EXPERIENCE

Do you have professional cooking experience? YES _____ NO _____

Please describe your 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:

Have you completed a food handler's training course? (*from ServSafe or the Health Department*)

YES, from _____ DATE: _____

NO _____ I will take the class from _____ ON DATE: _____

Have you used a shared commercial kitchen before? YES ____ NO ____

If so, was it a good experience? YES ____ NO ____

What were the challenges? _____

Are you comfortable sharing the kitchen space with other cooks and chefs? YES ____ NO ____

Are you comfortable using commercial kitchen equipment?

YES ____ NO ____ I would like training on this equipment: _____

Are you comfortable washing dishes in a safe and sanitary way in a 3-compartment sink?

YES ____ NO ____ I would like training _____

Are you comfortable cleaning and maintaining the standards of a commercial kitchen?

YES ____ NO ____ I would like training _____

Section E – USE OF THE KITCHEN

Please describe your products and general ingredients used:

Which kitchen equipment do you use the most?

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

How will you purchase your ingredients, from the store 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 so, what type and size of storage will you need?

Are you interested in renting monthly storage space at Mesa Komal for storing 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: _____

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 – 10 am							
7 – 11 am							
8 am – 12							
9 – 1 pm							
10 – 2 pm							
11 – 3 pm							
12 – 4 pm							
1 – 5 pm							
2 – 6 pm							
3 – 7 pm							
4 – 8 pm							
5 – 9 pm							
6 – 10 pm							
7 – 11 pm							
OTHER:							

PLEASE NOTE: CONEXIÓN AMÉRICAS WILL TRY TO ACCOMMODATE YOUR SCHEDULE PREFERENCES. DUE TO CURRENT INTERNAL LIMITATIONS, HOWEVER, NOT ALL TIME SLOTS WILL BE AVAILABLE.

For the most part, is your schedule the same every week? _____

If not, please explain: _____

Is your schedule flexible? _____

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

- The information that has been provided is correct and true, 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 Americas.
- 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.
- Please add my email address to the communications list for Mesa Komal.

Client's Signature

Date

X _____
