



88 Middle St., 2nd Floor, Lowell, MA 01852
978-322-8400 | www.merrimackvalleysmallbusiness.com

SHARED-USE COMMERCIAL KITCHEN

Tenant Application

**NUT-FREE
LATEX-FREE
KITCHEN**

Date: _____

Applicant(s) Full Name(s): _____

Business/Company Name/DBA: (if any) _____

Physical Address: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

EIN (Tax ID) #: _____ (Required)

Business Status:

☐ Pre-Venture ☐ New (1st Year) ☐ Existing ☐ Other: _____

Brief Business Description:

List primary product ingredients you will utilize in your business (**No nuts of any kind are permitted**):

List equipment you will utilize in your business:

Is a written business plan available for review?

☐ Yes

☐ No

Number of employees (total): Full time _____ Part-time _____

Employees that would work directly in kitchen space: Full time _____ Part-time _____

(All employees must be approved by the MVSBC prior to using the kitchen.)

Do you, or any employees working directly in the kitchen, have a physical limitations? ☐ Yes ☐ No

Are you and your employees able to climb stairs? ☐ Yes ☐ No

Anticipated # of hours of kitchen usage required per week: _____

Preferred Days/Times of kitchen usage: _____

(The kitchen is available **Monday-Friday 6pm-6am, Saturday-Sunday 24 hours, and Some Holidays.**)

Do you desire business assistance in any if the following areas?

- ☐ Business Plan ☐ Bookkeeping ☐ Loans/Financing ☐ Marketing/Distribution
☐ Recipe Conversion ☐ Product Stability/Shelf life ☐ Package Design ☐ Nutritional Analysis
☐ Item Pricing ☐ Other _____

If you are already in business, has your product proven viable? ☐ Yes ☐ No

Please elaborate:

Who is your target market? _____

If you are not yet in business, have you tested your target market for product acceptance and profitability?

☐ Yes ☐ No

Does your business have adequate financing?

☐ Yes ☐ No

Would you like information about the MVSBC Microloan Program?

☐ Yes ☐ No

What are your storage requirements?

Please include copies of the following documents with your application.

(See Conditions for Details/Explanations.)

- ☐ Proof of Liability Insurance
- ☐ ServSafe and ServSafe Allergen Certifications
- ☐ Lowell Business Certificate
- ☐ Sales and Use Tax Registration Certificate (if applicable)
- ☐ License for Food Processing and/or Distribution at Wholesale (if applicable)
- ☐ Completed CORI forms for EVERY employee expected to use the kitchen space (attached)

Conditions and Signatures

By signing this form, I agree to the following terms and conditions:

- Shared-Use Kitchen Hourly Rates: **\$16 Weeknight / \$21 Weekend** (includes limited storage space)
 - Tenant must provide one full month payment to Community Teamwork by the 1st of each month.
 - Prior to the start of the contract, the tenant will provide the first month's rent and half of one month's rent as a security deposit.
 - Any additional hours will be secured at least one week in advance, in writing, to the Shared-Use Kitchen space manager, and will be paid with the next month's rent. Additional charges may apply.
 - Storage is dependent upon currently available space and potential growth of existing clients.
- Tenants must have proof of **liability insurance** for at least \$1 million that names Community Teamwork, Inc. as the certificate holder.
- Tenant and all employees using The Shared-Use Kitchen are subject to **CORI** background checks before utilizing the kitchen space. (Form Attached) **Photo ID Required**.
- Tenant must acquire an **EIN** tax identification number from the Internal Revenue Service. For more information: www.irs.gov/Filing/Self-Employed-&-Small-Businesses
- Tenant must acquire **ServSafe** and **ServSafe Allergen Certifications** and provide copies of the certificates to be displayed at the kitchen site. For more information: <https://www.servsafe.com/ss/sra/ma/>
- Tenant must obtain a notarized **Lowell Business Certificate** from the City of Lowell Clerk's Office and provide copies of the certificate. Contact: City Clerk's Office, City Hall, 375 Merrimack Street, Lowell, MA 01852, 978-674-4161
- Tenant must obtain a **Massachusetts Sales and Use Tax Registration Certificate** through WebFile for Business: www.mass.gov/dor
- If tenant intends to sell their product(s) as wholesalers, they must obtain a **License for Food Processing and/or Distribution at Wholesale from the Massachusetts Department of Public Health**. For more information: www.mass.gov/eohhs/docs/dph/environmental/foodsafety/food-app.pdf (Not required for tenants only selling directly to consumers.)

Responsibilities of the Tenant:

- Tenant must file tax form **Schedule C** for self-employed income.
- Tenant must file tax forms with the Massachusetts Department of Revenue: **Form 1** (Massachusetts Resident Income Tax Return) or **Form 1 NR/PY** (Non-Residents/Part-Year Residents).

Please note:

The Community Teamwork Shared-Use Kitchen is licensed by the Board of Health but is not a USDA kitchen producing USDA sponsored meals. The USDA does not make onsite inspections.

No nuts, peanuts, or latex products of any kind are permitted in the Community Teamwork Shared-Use Kitchen.

Print Name(s): _____ Signature(s): _____

Date: _____



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Community Teamwork, Inc. is registered under the provisions of M.G.L. c. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Community Teamwork, Inc.** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature.

I may withdraw this authorization at any time by providing **Community Teamwork, Inc.** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: **Community Teamwork, Inc.** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **Community Teamwork, Inc.** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth Place of Birth

Last Six Digits of Your Social Security Number: _____ - _____

Sex: ____ Height: ____ft. ____in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government issued identification:

(For Office Use Only)

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee