

Syracuse Community Test Kitchen Food Entrepreneur Application

Client Name (Last, First, MI) _____ Date: _____

Contact - Home: _____ Cell: _____

Email: _____ Website: _____

Street Address _____ City _____ State _____ Zip _____

Where did you hear about Comtek (Syracuse Community Test Kitchen)?

Name of your Product:

What type of product is it?

- Soup Sauce Condiment Dry Mix
- Baked Candy Frozen Beverage
- Other: _____

Where are you currently making this product?

Where do you currently buy your ingredients?

What type of equipment is needed to make and store your product? (Mixer, stove, oven, refrigerator, freezer etc.)

Who has tried this product other than your friends and family?

Target Market/Customers, who will buy your product?

Why do you think this product is Marketable?

Have you done a cost-based analysis of your product?

Where would you sell your product?

What makes your product different from the available products?

Why will customers buy your product instead of the competition?

Do you plan to have variations of your product?

What is the USP of your product?

How do you think you would promote your product?

Do you see the commercialization and marketing of your product as a hobby (something you'd like to sell to friends and family) or as a viable business opportunity leading to growth and profitability?

How many hours do you anticipate working on your product at the Community Test Kitchen?

Do you currently work? How many hours?

How fast do you want to achieve your goal?

What do you identify as your limitations in achieving your goal?

Have you ever started your own business? Describe.

Please Summarize where you would like to be in 2 years?