

**AGRIVALUE™ PROCESSING BUSINESS INCUBATOR  
APPLICATION FOR LEASE SPACE**

**CONTACT INFORMATION:**

<b><u>Company Name</u></b>	
<b><u>Contact Person Name:</u></b>	
<b><u>Street Address:</u></b>	
<b><u>Postal Address:</u></b>	
<b><u>Telephone:</u></b>	
<b><u>Mobile Phone:</u></b>	
<b><u>Fax:</u></b>	
<b><u>Email:</u></b>	

**APPLICATION FOR:**

Suite A  Suite B  Suite C  Suite D  Suite E  Suite F  Suite G  Suite H

**PROJECT/COMPANY INFORMATION:**

What products are you anticipating to produce at the Incubator?

Outline the process flow, highlighting any specific requirements.

What is the current stage of development of your product or service offering?

Idea  Development  Ready to Launch  Being Sold

Identify the main pieces of equipment to be installed and the specific requirements that may need to be considered for installation.

Indicate the anticipated production volumes for years 1, 2, and 3.

Provide the anticipated dry and refrigerated storage requirements. (Incoming and finished goods)

**What labour requirements do you anticipate for Year 1, 2 and 3?**

**What is the intended market for the finished product?**

**BUSINESS INFORMATION:**

**Indicate the expected commencement date and duration of tenancy in the incubator.**

**What are your current distribution capabilities?**

**What are your current manufacturing capabilities?**

**Is your company incorporated?**  Yes  No

**Do you have a Business plan?**  Yes  No

**Can you provide a 5 year business and financial plan for review?**  Yes  No  
(A detailed business plan will be requested prior to application acceptance)

**Do you have a graduation strategy in place?**  Yes  No

**Outline your strategy for graduating within the three years:**

**State the reason for your application to lease space at the Incubator**

*Note: Clients requesting Incubator space will be required to provide a cover letter outlining the scope of processing venture to accompany application. If the application is accepted, clients will be required to provide Worker's Compensation Board account information and proof of minimum insurance requirements. Any processing in the Incubator must comply with all appropriate Federal and Provincial Regulations.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The collection of personal information on this application is authorized by the Freedom of Information and Protection of Privacy Act. The personal information will be used to contact the applicant in matters related to this application. If you have any questions about the collection or use of this information, you can contact the Manager, Agrivalue Processing Business Incubator, 4301-65 Avenue, Leduc, Alberta, Canada, T9E 8T2, phone (780-980-4244), fax (780) 980-4250*