Government of Alberta ■

Agrivalue Processing Business Incubator (Initial Application)

Food Processing Development

General Information:

Company Name			Contact	Person		
Mailing Address	(City/Town	Prov	rince	F	Postal Code
Business Telephone Number (include area code)	Busine	ess Telephone Number (include area	code)	Fax Number	r (includ	de area code)
EMail Address						

Project Information:

Brief Description of your product, process and production capabilities:

If currently distributing, give brief outline of market and volumes:

Equipment Currently Owned by your Company:

Technical Assistance Required:

Expected Processing Needs in Incubator:

Space
In-Line Freezing
Cold Storage
Additional Requirements
Sources of Project Funding: 🗌 Client and/or 🗌 Other

Are you currently working with an AF development officer?	Yes	No No	
If Yes, Who?			
If NO, may we forward your name to an AF Financial/Market	ting developm	ent officer?	🗌 No

NOTE Clients requesting tenancy in the Agrivalue Processing Business Incubator (APBI) will be required to provide a detailed business plan for review prior to application acceptance. If the application is accepted, clients will be required to comply with minimum insurance requirements. Any processing at the APBI must comply with all appropriate federal and provincial regulations. A HACCP plan will need to be completed prior to processing in the APBI.

Requested By:	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 Robert Edwards, Senior Manager, APBI, 4301 65 Avenue, Leduc, Alberta, Canada, T9E 8T2, phone (780) 980-4246, fax (780) 980-4250.