NORTH MAIN MARKET CO.

FOOD HALL VENDOR INTAKE FORM

2640 N MAIN ST. ROCKFORD, IL 61103

1.BUSINESS INFORMATION

Business Name:

Owner / Primary Contact:

Business Address:

Phone Number:

Email Address:

Website / Social Media Links:

Type of Business Entity: *(LLC, Sole Proprietor, Corporation, Partnership, etc.)*

EIN / Tax ID:

2.CONCEPT & MENU

Describe Your Food Concept:

Cuisine Type:

List Proposed Menu Items:

Average Price Point:

Dietary Options Offered: *(Vegan, Vegetarian, Gluten-Free, Halal, etc.)*

Attach Menu:

Most Popular Food Item Sold:

3.OPERATIONS & EQUIPMENT

KH Food Safety Consulting will assist with the permitting process, which includes the Food Permit assessment and Operational Analysis, Plan Review, Private Audit, and SME meetings with respective regulatory agencies.

Number of employees:

Employee dress code: *(North Main Market requires employees to wear a clean uniform)*

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3.OPERATIONS & EQUIPMENT

Cooking Equipment needed:

Hot Holding Equipment needed:

Cold Holding Equipment needed:

Any freezer requirement based on the menu:

Electrical / Gas / Water Needs:

Will you need to utilize the North Main Market Commissary for additional cooking and refrigeration?

Expected number of food deliveries per week:

Name(s) of Food Distributor:

List of wholesale store(s) you intend to use for ingredients that are not expected to be delivered by a licensed food distributor:

4.FOOD SAFETY & COMPLIANCE

KH Food Safety Consulting will assist with the Food Safety Training.

List employees with a valid ServSafe Manager's Sanitation Certificate: *(Food Hall requires that all food employees have taken the Food Manager's Course and the PIC (person in charge) has passed the Proctored Exam). There must be at least one PIC during each shift.*

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4. FOOD SAFETY & COMPLIANCE

ServSafe Manager Certification: *(Name, certificate number, expiration)*

Allergen Certificate for all PIC:

Food Safety Plan (HACCP, if applicable):

5.INSURANCE & LEGAL

General Liability Insurance Provider:

Policy Number:

Coverage Amount:

Expiration Date:

Workers' Compensation Insurance: (Yes/No + details)

Required Documents:

- Business license
- Insurance certificate
- Commissary Food Permit (commissary other than North Main Market)
- Menu

6. FINANCIAL INFORMATION

Preferred Payment Method for Rent/Fees:

Financial Institution Name:

7. BRANDING & MARKETING

Upload or attach Logo:

Short Brand Bio (2–3 sentences):

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7. BRANDING & MARKETING

High-Resolution Food Photos:

Marketing Needs: *(Photography, signage, social media support, etc.)*

8. UTILITIES & SUPPORT NEEDS

Waste Disposal Requirements:

Grease Disposal Needs:

Special Ventilation Requirements: *(KH Food Safety Consulting will help identify requirements during the permitting process)*

Additional Support Needed: *(POS system, training, onboarding, etc.)*

9. PREVIOUS EXPERIENCE

Years in Business:

Other Locations (if any in or out of Winnebago County): List Addresses

References:

Prior to owning a food establishment facility, what was your first experience in food service:

As the owner, do you intend to be involved in the day-to-day operation: Yes or No

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10. ADDITIONAL INFORMATION

Why do you want to join this food hall?

What makes your concept unique?

Any special requests or considerations?