



# LEASE APPLICATION – FOOD TRUCK PLAZA

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Business \_\_\_\_\_

Federal ID# \_\_\_\_\_

State of Incorporation \_\_\_\_\_

UBI# \_\_\_\_\_

Date Business Started: \_\_\_\_\_

Years/Months Under Current Ownership \_\_\_\_\_

\_\_\_\_\_ S Corporation \_\_\_\_\_ Corporation

\_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC

## **INFORMATION ON BUSINESS OWNERS:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

(For additional business owners, attach pages as needed)

## **BANK INFORMATION:**

Business Bank \_\_\_\_\_

Bank Address \_\_\_\_\_

Phone# \_\_\_\_\_ Officer: \_\_\_\_\_

Business Checking Acct# \_\_\_\_\_ Email: \_\_\_\_\_

Business Savings Acct# \_\_\_\_\_

**CREDIT REFERENCES (Principal(s) may not be owner or shareholder in reference):**

|               |             |
|---------------|-------------|
| Name _____    | Phone _____ |
| Contact _____ | Email _____ |
| Name _____    | Phone _____ |
| Contact _____ | Email _____ |

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

- City of Kennewick business license.
- Proof of registration with the State of Washington.
- Proof of Benton Franklin Health District compliance for food truck/cart/equipment.

**TENANT OPERATION INFORMATION:**

Please answer the following questions about your proposed operations on Port properties, attaching additional sheet(s) as needed.

- 1) Why do you want to be part of the Columbia Gardens Food Truck Plaza?
- 2) How long have you been continuously in business as a food truck operator? Did you take any breaks?
- 3) Have you taken or do you plan to take the Food Truck Academy certificate program at Columbia Basin College? Explain.
- 4) Do you have direct culinary experience or formal culinary training? Explain.
- 5) Are you willing to commit to a year-round location in Columbia Gardens Food Truck Plaza?
- 6) What hours of operation & days of the week would you commit to be open?
- 7) What months, weeks or days of the year are you unable or unwilling to be at the Columbia Gardens Food Truck Plaza?
- 8) What other written or verbal commitments have you made during the pilot program time period (Fall 2018 – December 2019) that would impact your presence at the Columbia Gardens Food Truck Plaza?
- 9) Which type of mobile unit do you use for your business? Truck, trailer, cart, pop-up tent, other? Please give dimensions of your mobile unit.
- 10) What electric service do you use? 40, 50, 60 amp? 120 or 240 volt?
- 11) Do you have a generator for stand-alone use as backup to electric power?
- 12) Will you be offering special promotions or food specials?
- 13) Describe your food safety procedures.
- 14) How will you market/advertise/promote your food truck business and the Columbia Gardens Food Truck Plaza? Explain in detail.
- 15) What is your social media/presence? List platforms.
- 16) How often will you update your social media related to Columbia Gardens Food Truck Plaza?

Indicate your food category. Circle all that apply and attach a menu:

|                           |                    |
|---------------------------|--------------------|
| Americano—burgers & fries | Indian             |
| Asian—specify type        | Italian            |
| Barbecue—specify region   | Mexican            |
| Beverages Only—specify    | Russian            |
| Central American          | Southern           |
| Desserts Only--specify    | Soups & Sandwiches |
| Hot Dogs                  | Breakfast          |
| Island—specify            | Other—specify      |

**Application must be signed and completed in its entirety or may be subject to disqualification.**

***I authorize the Port of Kennewick to obtain information concerning the statements and/or accounts on this application. Applicant acknowledges that all leases are subject to approval by the Port of Kennewick Commission and that any verbal or email communications between port staff and applicant do not constitute an oral agreement between the two parties.***

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***Signature – Applicant***

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***Date***