

Agrivalue Processing Business Incubator (Initial Application)

Food Processing Development

General Information:					
Company Name		Conta	Contact Person		
Mailing Address	City/Town	P	rovince	Postal Code	
Business Telephone Number (include area code)	Business Telephone Number	r (include area code) Fax Number (include area code)			
EMail Address					
Project Information: Brief Description of your product, process and product.	uction canabilities:				
Bilei Description of your product, process and product	otion capabilities.				
If currently distributing, give brief outline of market a	nd 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 If Yes, Who?	officer? Yes N	0			
If NO , may we forward your name to an AF Financia	al/Marketing development offic	cer? Yes	No		
NOTE Clients requesting tenancy in the a a detailed business plan for review prior to a required to comply with minimum insurance appropriate federal and provincial regulation	application acceptance. If requirements. Any proc	f the application essing at the AP	is accepted, BI must com	clients will be ply with all	
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.