

# Mad River Food Hub Customer Application

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Name: \_\_\_\_\_

Business Name \_\_\_\_\_

DBA if different \_\_\_\_\_

Please state a summary of your business purpose and goals, attach a summary of your business plan if available:

Please state your prior food experience, have you attended a serve safe course?

Are you currently working with a product or business advisor? Y/N

What date do you want to start processing at the Mad River Food Hub and how many day(s) per month do you envisage.

Please return this form to [operations@madriverfoodhub.com](mailto:operations@madriverfoodhub.com)