



**About Us:**

The Incubator Kitchen Collective is a community-driven support system that combines resources, knowledge, and experience to help entrepreneurs succeed in business.

The Incubator Kitchen Collective was started in September 2013 by Rachel DesRochers. She wanted to create a shared kitchen space to support food entrepreneurs. We aim to help businesses generate regional sustainability – from farmers markets to national retailers.

To date, we have helped over 200 small businesses grow and achieve more than they could on their own.

**Plans and Pricing: Towels & Storage are included in rates.**

Membership Levels	Egg Level	Chick Level	Hen Level	Hatch Level
<b>Prepay</b>	\$225/month	\$420/month	\$680/month	\$925/month
<b>Hours a Month Included</b>	9 (minimum)	20 hrs	40hrs	Unlimited
<b>Kitchen Rate</b>	\$25/hour*	\$21/hour*	\$17/hour*	N/A
<b>Dry Shelves</b>	1	1	2	4 (Full Rack)
<b>Fridge/Frozen Shelves</b>	1	1	1	2
<b>Permanent Workstation</b>	N/A	N/A	N/A	Included
<b>Extra Storage Shelves (dry, fridge, frozen)</b>	\$20	\$20	\$20	\$20
<b>Full Dry/Walk-In Storage</b>	\$50	\$50	\$50	\$50
<b>Towels/ Cleaning Supplies</b>	Included	Included	Included	Included
<b>Food Truck</b>	IKC Location Only: Park \$80 and Plug-in: \$80			

**\*\*Kitchen Rates apply after included hours are exceeded\*\***

**Application**

**Fee**

**\$75**

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This application fee is for incoming members of Incubator Kitchen Collective in order for their application to be processed. This is a one-time, non-refundable fee.

## Locations and Equipment:

We currently have two incubator kitchen locations. Their location, hours of availability and a list of equipment is listed below.



**Address:**

517 West 7th Street  
Newport, KY 41071

7 Court Place  
Newport, KY 41071

**Hours:**

24 hours/day, 7 days/week

Mon-Fri: All Day, Saturday: After  
2pm

**Equipment Available:**

- 1x 6-burner range
  - 1x 10-burner range
  - 1x 30-gallon tilt skillet
  - 1x commercial grill
  - 7 part-time work stations
  - 12 full-time work stations
  - 8x 5-rack convection ovens
  - 1x 20-quart mixer
  - 2x 60-quart mixer
  - 1x commercial stone hearth bread oven
  - 1x bread proofer
  - 1x pastry sheeter
  - Walk-in refrigerators
  - Walk-in freezers
  - Commercial dishwasher
- 1x 20 quart mixer
  - 1x meat slicer
  - 1x griddle
  - 1x 5 rack convection oven
  - 1x 30 tilt skillet
  - 1x 6 burner range
  - 2x 4ft stainless steel tables
  - 2x 6ft stainless steel tables
  - Commercial dishwasher

## Items needed to get started:

1. Certificate of Insurance naming Incubator Kitchen Collective as a named insured on the policy. We recommend using FLIP (flipprogram.com) for new/small businesses. If we feel your business needs more comprehensive coverage than FLIP offers we have resources for that as well.
2. Food Safety Manager Certificate, such as ServSafe  
There are two options:  
Online: [www.servsafe.com/ServSafe-Manager](http://www.servsafe.com/ServSafe-Manager)  
In person: <https://nkyhealth.org/food-service-operators> (see: Food Manager Certifications)
3. License from Northern Kentucky Health Department  
Visit: [nkyhealth.org/food-service-operators/](http://nkyhealth.org/food-service-operators/) or Call: 859-341-4151  
OR  
License from Kentucky Department for Public Health Food Safety Branch  
Chris Dedic > [chris.dedic@ky.gov](mailto:chris.dedic@ky.gov) (502) 564-7181

Set up an inspection time with local or state at the IKC.

## NOTES:



**NKYHEALTH**  
NORTHERN KENTUCKY HEALTH DEPARTMENT



## APPLICATION FOR A PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT AND/OR RETAIL FOOD STORE

*No person shall operate a Retail Food Establishment without having a permit issued by the Cabinet for Health Services*

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

Establishment Address: \_\_\_\_\_

Street

\_\_\_\_\_ Phone Number: \_\_\_\_\_

City

State

Zip Code

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Street

\_\_\_\_\_ Phone Number: \_\_\_\_\_

City

State

Zip Code

Previous Name of Establishment (if applicable): \_\_\_\_\_

Is smoking allowed inside the establishment?  Yes  No      Catering advertised?  Yes  No

Is drive through window service offered?  Yes  No      Number of seats in establishment: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_  Cash  Check  Money Order

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application  
with required fee to:**

Northern Kentucky Health Department  
Environmental Health and Safety  
8001 Veterans Memorial Drive  
Florence, KY 41042

*Make check payable to Northern Kentucky Health Department*

### FOR OFFICIAL USE ONLY

Permit #: \_\_\_\_\_ Action: \_\_\_\_\_ G Number: \_\_\_\_\_

County: \_\_\_\_\_ Program: \_\_\_\_\_ Establishment Type: \_\_\_\_\_

Inspection Interval: \_\_\_\_\_ Water: \_\_\_\_\_ Sewage: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ Seats/Sq Footage: \_\_\_\_\_

Plumbing Permit Number: \_\_\_\_\_

Health Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_



**NKYHEALTH**  
NORTHERN KENTUCKY HEALTH DEPARTMENT



## Application for Food Manager Certification

\*\*\* Please submit application and fee to 8001 Veterans Memorial Drive Florence, KY 41042 \*\*\*  
(Application and fee not accepted during class)

**Please check appropriate certification**

Regular Certification: \_\_\$100    Substitute certification: \_\_\$30 (copy of Certification required)

**Payment method:** Check (payable to NKHD): \_\_\_\_\_ Money order: \_\_\_\_\_ Cash: \_\_\_\_\_

Credit card (Visa, Mastercard, Discover): \_\_\_\_\_

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Attendee information**

Name: \_\_\_\_\_ SSN (last 4 digits only): \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP Code

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Current employer:** \_\_\_\_\_

Employer's address (where attendee works): \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP Code

**Class confirmation and study guide will be emailed.**

Email address (required): \_\_\_\_\_

\*\*\* Certification card will be sent to home address \*\*\*

**Please check your class preference day & time (not required for substitute certifications)**

*Note: Class openings vary greatly. You will be scheduled for the first available class. Please call 859-341-4151, Ext. 2018 for availability.*

\_\_\_\_\_ 8:30 a.m. to 1:30 p.m. on the 2<sup>nd</sup> Monday of each month

**Please note: Beginning in October 2024 classes will only be held the second Monday of each month.**

**For office use only (Do not write below this line)**

Date received: \_\_\_\_\_ Fee amount: \_\_\_\_\_  
Date confirmed: \_\_\_\_\_ Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ In-person (office): \_\_\_\_\_

Northern Kentucky Health Department  
859-341-4151 | www.nkyhealth.org