

## ***BUSINESS INCUBATOR PROGRAM APPLICATION***

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# EDC TENANT APPLICATION

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Email, Website)

\_\_\_\_\_  
(How did you learn about the EDC Incubator?)

The information contained in this application will be held in confidence and will only be shared with members of the Incubator Advisory Committee.

**\*\*Notice:** Approved applicants for the EDC Incubator, must sign a release form granting permission to the EDC to copy, use, alter, distribute, publish and exhibit photographs of his/her likeness, company name and company logo in any and all media or form in any and all publications, for any purpose, including, without limitation, announcements, promotions, advertising, news and/or websites without payment or other compensation.

(Rev. 7/16)

**COMPANY DESCRIPTION**

**NAMES**

Legal / Corporate: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Brand / Trade Name: \_\_\_\_\_

Subsidiary Companies: \_\_\_\_\_

**LEGAL FORM**

Legal Form of Business: \_\_\_\_\_

State Incorporated \_\_\_\_\_

County in which Business is Licensed: \_\_\_\_\_

Owner(s) of Company or Major Shareholders: \_\_\_\_\_

	Owner(s) / Partners	Home Address/Phone #	% Owned
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**MANAGEMENT/LEADERSHIP**

Chairman/woman of the Board: \_\_\_\_\_

President: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Other Key Management Members: \_\_\_\_\_

Governing / Advisory Bodies \_\_\_\_\_

Number of Members: \_\_\_\_\_

**DEVELOPMENTAL STAGE**

Year company was founded & incorporated (if a corp.): \_\_\_\_\_

Year product(s) or service(s) introduced: \_\_\_\_\_

Stage of formation or immediate goals: \_\_\_\_\_

Progress of current plans: \_\_\_\_\_

Past milestones and successes (if applicable): \_\_\_\_\_

Other developmental indicators: \_\_\_\_\_

**FINANCIAL STATUS** *(please provide all applicable information)*

Last Year's Total Sales:

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Last Year's Total Profit:

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Amount of Funds Sought:

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Basic Use of Funds Sought:

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Last Year's Total Sales:

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**PRODUCTS & SERVICES**

General Product / Service Description:

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Number and Type of Product Lines:

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Number of Products in each Line:

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**PATENTS & LICENSES**

Patents Held / Pending: \_\_\_\_\_

Trademarks Held/ Pending: \_\_\_\_\_

Licenses Held / Pending \_\_\_\_\_

**SPACE REQUIREMENTS**

Please explain your intended use of space within the incubator:

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How much space will you need?

Office unit(s) – Sq. Ft. \_\_\_\_\_

Manufacturing – Sq. Ft. \_\_\_\_\_

(mfg. Bays have heat/air/ceiling exhaust)

Expected Move-In Date: \_\_\_\_\_

What type of office equipment, material(s), and/or machinery will be used?

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Will you have special building needs such as high voltage electricity, soundproofing, ventilation, water or other?

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Will you be using toxic chemicals? If YES, please explain:

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Will you be generating industrial waste? If YES, please explain:

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**Job Creation**

Number of employees at start up (**not including** owners or partners): \_\_\_\_\_  
Number of employees at present up (**not including** owners or partners): \_\_\_\_\_  
Expected number of additional employees at:  
(employee growth projections from today's date)

6 Months	1 Year	2 Years	3 years
_____	_____	_____	_____

**Professional Services / References Information**

Please provide three business references and/or vendors, including a contact name, address and phone number for each

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Please list service provider name, address and phone number below:

	Name	Address	Phone
Bank Checking	_____	_____	_____
Bank Loan	_____	_____	_____
Accountant	_____	_____	_____
Attorney	_____	_____	_____

Does your business or any of its principals have any pending lawsuits? \_\_\_\_\_  
If YES, please explain: \_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_  
If YES, please explain: \_\_\_\_\_

Have you ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses, which have been dismissed or discharged.

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Please answer the following questions:

**Why are you starting this business?** *(for start-up companies)*

**Why did you start this business?** *(for existing companies)*

**Why do you think your business will be successful?**

**How will your business be financed at start-up (first 6-12 months of operation)?**

*(Check all that apply)*

\_\_\_\_\_ Personal Funds (individual; partners; principals)

\_\_\_\_\_ Total amount \$

\_\_\_\_\_ Outside investment (Please specify)

\_\_\_\_\_ Family

\_\_\_\_\_ Acquaintances

\_\_\_\_\_ Other:

\_\_\_\_\_ Total amount:

\_\_\_\_\_ Bank, SBA, Other Loan(s)

Date/amount funds received:

Date/amount funds expected:

Loan in process; expected approval date:

Amount:\$

\$ \_\_\_\_\_ Total start-up capital, from all sources prior to occupancy

**NOTE: Verification of start-up capital may be requested.**

Please sign the attached credit authorization. If more than one owner, each one should sign an authorization.