

BUSINESS INCUBATOR APPLICATION

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:

Last Year's Total Profit:

Amount of Funds Sought:

Basic Use of Funds Sought:

Last Year's Total Sales:

PRODUCTS & SERVICES

General Product / Service Description:

Number and Type of Product Lines:

Number of Products in each Line:

PATENTS & LICENSES

Patents Held / Pending: _____

Trademarks Held/ Pending: _____

Licenses Held / Pending _____

SPACE REQUIREMENTS

Please explain your intended use of space within the incubator:

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?

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

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

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

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.

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.

EDC CREDIT AUTHORIZATION FORM

I/We hereby authorize to release to EDC Business & Community Partners and/or assigns (“EDC”) any and all information EDC and/or assigns may require at any time for any purpose related to our credit application with EDC and/or assigns.

I/We hereby authorize EDC to release any and all information and/or data (including but not limited to personal and/or business financial statement, personal and/or business income tax returns, payment and/or credit history) to any entity EDC deems necessary for any purposes related to our credit application with EDC and/or assigns.

As part of this application, I/We understand that EDC and its authorized agents may make inquiries they deem necessary in evaluating the credit application request for the Applicant and Guarantors listed below. The Applicant and Guarantors authorize EDC to undertake the following:

1. Verify at any time any information submitted to EDC by the Applicant, Guarantors, or other representatives or agents on their behalf.
2. Obtain further information concerning the credit standing of the Applicant and Guarantors.
3. Exchange such credit information with other interested parties as EDC deems necessary.

Business collateral and personal guaranties are required. Additional collateral is sometime requested and may include personal assets.

The EDC will, at its expense, obtain a credit report on the applicant(s). The EDC will comply with all provisions of the Fair Credit Reporting Act (15 USC 1681 et seq.). The EDC will not disclose any part of any credit report to anyone except EDC members and Incubator Advisory Staff.

Authorized Signature

Date

Authorized Signature

Date

Authorized Signature

Date



PHOTO RELEASE

For good and valuable consideration received, the adequacy of which is sufficient, I hereby grant irrevocable permission to the EDC Business & Community Partners to copy, use, alter, distribute, publish and exhibit photographs of my likeness 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. Further, I waive any right of approval in connection with the use of my likeness and any right to additional compensation in connection with the use of my likeness.

I am 21 years old or older and I have read and I understand the terms of this Release.

Printed Name

Signature

Address

Date



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 10/31/2020

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service _____ 1a. Type of Client: Face to Face Online Telephone
2. City/State of Office Location _____

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		4. Email	
5. Telephone Primary _____ Secondary _____		6. Fax	
7. Street Address/PO Box (give business address if currently in business) 8. City		9. State	10. Zip +4

11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes No). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance.
Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from the Small Business Administration (SBA) or an SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

12. Preferred date & time for appointment Date: _____ Time: _____	13. Client Signature _____ Date: _____
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PART II: Client Intake (to be completed by all Clients)

14. Race (mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
18. Veteran Status <input type="checkbox"/> No military, Reserve, or National Guard service <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Member of the Reserve <input type="checkbox"/> Active Duty <input type="checkbox"/> Member of the National Guard <input type="checkbox"/> Spouse of Military Member			
19. Referred by? (Mark all that apply) <input type="checkbox"/> SBA District <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Lender <input type="checkbox"/> SCORE <input type="checkbox"/> Educational Institution <input type="checkbox"/> Word of Mouth <input type="checkbox"/> USEAC <input type="checkbox"/> Business Owner <input type="checkbox"/> WBC <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> Boots to Business <input type="checkbox"/> SBA Web site <input type="checkbox"/> VBOC <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Internet (please indicate website) _____			

20a. Are you currently in business? Yes No (if no, skip to 30) **20b. If yes, are you currently exporting?** Yes No
If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

21. Name of Business

22. Type of Business (choose primary category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)	
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23. Business Ownership – What percentage of your business is male or female owned? _____ % Male _____ % Female	24. Date Business Started? (MM/YYYY)	25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No	26a. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No 26b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
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27a. Total No. of Employees (full & PT) 27b. Of total employees, how many are engaged in the exporting aspect of your business: (Full & PT) _____	28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ 28b. Amount of your Gross Revenues/Sales related to exporting \$ _____	29. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____
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30. What is the nature of counseling you are seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business				<input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning	<input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business	<input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade
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Describe specific assistance requested in the space provided. _____