

**SMALL BUSINESS INCUBATOR
APPLICATION**

Business Name _____

Principal Officer (s) and Title _____

Telephone () _____ Fax () _____

Current Business Address _____

Nature of Business (brief description of product/service and nature of market. Submit Product brochures and company literature, if available)

Brief Background of Principal Officer (s) (attach resume)

Date Business was Established _____

Current Status of Business

Current Sales Revenue (please indicate dollar volume per month) _____

Number of Employees (include principal officers) Full Time ____ Part Time ____

Projected Number of Employees Within 12 Months _____

Type of Financing Used to Operate Business to Date:

_____ Bank Financing _____ Private Investors
_____ Personal Resources _____ Other, Indicate Nature _____

_____ Cash Flow

Status of Business Plan: _____ Business Plan Completed (Please Attach)

_____ Business Plan in Preparation
To Be Available By _____

_____ Business Plan Not Started

Do You Need Help Writing a Business Plan? _____ Yes _____ No

Approximate Space Requirements _____ Square Feet For Office

_____ Square Feet for Other, Please Specify:

Approximate Date You Desire to Occupy Space _____

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Please Attach:

1. Business Plan or Summary
2. Company and Product Literature
3. Management Team Biographies