



# Client Application

(Please submit a copy of your  
Business Plan with application)



Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

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

Is your business \_\_\_\_ new or \_\_\_\_ existing?

If existing business:

Years of Operation \_\_\_\_\_ Number of Employees \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Is your business a \_\_\_\_ proprietorship, \_\_\_\_ partnership, or \_\_\_\_ corporation?

Principal (proprietor/president/CEO), partners, or major shareholder:

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Description of business, products/services, target market, competitors \_\_\_\_\_

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Business activity to be undertaken at the incubator\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for seeking incubator space\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrative space required (sq. ft.):\_\_\_\_\_ Manufacturing space required:\_\_\_\_\_

Requested occupancy date:\_\_\_\_\_

Special facility requirements (phone lines, fax line, internet, etc.)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial capitalization estimate:

\_\_\_\_\_ \$0-\$50,000 \_\_\_\_\_ \$50,000-\$100,000 \_\_\_\_\_ 100,000-\$150,000 \_\_\_\_\_ Over \$150,000

Employment estimate:

At time of occupancy: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

After six months: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

After one year: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

After three years: \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

Signed\_\_\_\_\_ Date\_\_\_\_\_

Incubator Use Only! Please do not write in this area.			
Incubator Suitability Rating:			
_____ Very High	_____ High	_____ Moderate	_____ Low
Reasons for Rating:			
Positives:_____			
Negatives:_____			