



## WMBDC INTERNAL TENTANT APPLICATION

### DATE

Delta Grounds Building \_\_\_\_\_

### GENERAL INFORMATION

Name of Client \_\_\_\_\_

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

Current Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Website \_\_\_\_\_

Description of Business \_\_\_\_\_

Legal Structure of Business and State Where Entity is Chartered

\_\_\_\_\_ Partnership

\_\_\_\_\_ Corporation

\_\_\_\_\_ S Corporation

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Other (Describe): \_\_\_\_\_

Date Business was Started \_\_\_\_\_

Federal Tax ID \_\_\_\_\_

Is the Business in good standing with all government and regulatory authorities? \_\_\_\_\_

Provide three business references, including address and telephone number

1)

2)

3)

Is any individual employed by or associated with your organization, a party to pending litigation? YES / NO

**MANAGEMENT TEAM**

Who will be the individual(s) responsible for the business' operations daily? (include resumes)

Name:

Title:

Name:

Title:

List, in order of priority, what type of expertise you will be seeking from the program

Will you be seeking any external services to assist your management team?

Accounting \_\_\_\_\_

Marketing \_\_\_\_\_

Marketing Consultant \_\_\_\_\_

Financial Consultant \_\_\_\_\_

IT Consultant \_\_\_\_\_

Other \_\_\_\_\_

**FINANCING ACTIVITIES**

List sources of current funding (ex: grants, venture capital funds, owner's equity):

Please indicate plans for additional funding:

**FACILITY INFORMATION**

Current and expected number of employees working in \_\_\_\_\_ County?

Start-up \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 Years \_\_\_\_\_

Amount of office and/or lab space needed:

Office \_\_\_\_\_ square feet Lab \_\_\_\_\_ square feet

Target graduation date \_\_\_\_\_

Target date for locating within the facility \_\_\_\_\_

Description of special facility needs:

**PROGRAM PARTICIPATION**

The success of the incubator program relies upon private grant funding and must report to community stakeholders on the economic impact of incubator companies, both while in the program and for five years post-graduation. Metrics such as employee count, average salaries, funds raised, and other measures are collected periodically and reported in aggregate to document the success of the incubator program.

Please indicate your agreement to participate in all surveys, requests for data and to provide periodic updates on the progress of the business. Agreed: (initials & date) \_\_\_\_\_

The incubator environment is reliant upon the participants to attend incubator events, contribute expertise, advocate for the program and be respectful of common resources.

Please indicate your agreement to be a positive contributor to the incubator community. Agreed: (initials & date) \_\_\_\_\_

**APPLICATION PROCESS**

Along with a completed Tenant Application Form, please enclose a non-confidential business plan, financial statements, brochures and any other pertinent information. This application will not be reviewed without the appropriate financial data.

You will be asked to present your business to a Tenant Review Committee, which meets on a periodic basis to evaluate new applicants and the progress of existing incubator companies.

Applicants must execute their License Agreement within 30 days of acceptance into the Incubator Network by the Tenant Review Committee. Failure to do so may result in withdrawal of the applicant's acceptance to the incubator network.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_