



## Business Incubator Application

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section One: Eligibility Checklist      Check **Yes** or **No**

Do you have a working business plan including financial statements?

Yes    No

Do you have all required business permits?

Yes    No

Will your business be in operation full-time?

Yes    No

Will you agree to comply with all applicable regulations and ordinances if you are awarded the space?

Yes    No

You must have checked YES to each of the above questions in order to continue on with the application. Please ensure your business plan and most recent financial statement is attached (if applicable).

### Section Two: Application *(Feel free to attach pages as needed)*

#### 1. Business Status

Start-Up Business

Anticipated opening date: \_\_\_\_\_

New Business (Currently in 1<sup>st</sup> year)

Date started: \_\_\_\_\_

Existing Business (older than one year old)

Date started: \_\_\_\_\_



If this is a new business, what steps have you taken towards establishing your new business?

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Describe the stage of development your business is in at this time:

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2. Company Status

- Sole Proprietorship       Partnership       Corporation  
 LLC       S-Corporation       Other

If other, please explain: \_\_\_\_\_

3. Do you intend to have any other employees at your business?

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4. Briefly describe your business, its products or services, as well as your intended market:

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5. Please describe your background or experience as it relates to your business:

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6. Why are you specifically seeking the business incubator space?

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7. How do you intend to finance this business, if necessary?

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8. Does your business have special facility needs?

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9. Do you expect to use any hazardous or toxic materials? If so, please explain.

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10. How do you feel that you will add value to Central City and Merrick County?

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11. Do you see any potential concerns or challenges?

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12. Are you a current resident of Merrick County?      \_\_\_ Yes    \_\_\_ No

If not, do you plan to move here? \_\_\_\_\_

13. Please feel free to provide any additional information you feel is relevant:

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Applicant hereby certifies that to the best of his/her knowledge that all the information stated on this application and attached to it, is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_