VIRGINIA HIGHLANDS SMALL BUSINESS INCUBATOR

TENANT APPLICATION

(All information in this document shall be considered confidential.)

A Tenant Application, accompanied by a Business Plan and a set of Financial Projections, constitutes a complete Tenant Application Package. Complete Tenant Application Packages will be submitted to the Virginia Highlands Small Business Incubator Board of Directors for review. Assistance with completion of any portion of this application is available upon request.

1. GENERAL INFORMATION

Name of Applicant _____

Current Address _____

_____

Former address (if less than 2 years at current address) _____

_____

Telephone (h) _____ Telephone (w) _____

Applicant's Social Security # _____

Business Name _____

Business Federal Tax ID # _____

Type of Company _____ Sole Proprietorship _____ LLC _____ LLP

_____ Subchapter S Corporation _____ Subchapter C Corporation

_____ Limited Partnership _____ General Partnership

Is the business currently in operation? _____ Yes _____ No

If yes, the year founded? _____

If no, where are you currently employed? _____

Do you currently have a business license? _____ Yes _____ No

If so, where? _____

2. INFORMATION ON BUSINESS PRODUCT/SERVICE

(Please attach a Business Plan as an Attachment to this Application.)

Briefly describe your product or service: _____

_____

_____

Briefly describe the market for your product/services:

_____

_____

In what geographic area are your customers located? _____

_____

Who are your principal competitors? _____

_____

What is your competitive advantage? _____

_____

How will you market and distribute your product or service?

_____ Direct Mail _____ Personal contacts made by owner

_____ Sales Force _____ Publication(s)

_____ Other (Please explain.) _____

3. PRIOR BUSINESS EXPERIENCE

Describe your past business experience that relates to your product/service.

_____

_____

_____

List names and titles of any other company officers or key personnel.

_____

_____

_____

_____

(Please attach résumés of key personnel, if available.)

4. BUSINESS SERVICE NEEDS

What types of office support services does your business require?

_____ Internet access _____ Email _____Telephone _____ Fax Machine

_____ Photocopier _____ Document Printer _____ Document scanner

_____ Receptionist _____ Secretarial _____ Word processing

_____ Mail handling ____ UPS / FedEx ____ Conference / training rooms

_____ Other (Please explain.) _____

Do you currently have an accountant? _____ Yes _____ No

Do you currently have an attorney? _____ Yes _____ No

Do you need management assistance? _____ Yes _____ No

If yes, what type? _____

Do you need marketing assistance? _____ Yes _____ No

If yes, what type? _____

5. FACILITY REQUIREMENTS

Are you currently occupying a facility (either in your home or at a commercial location)? _____Yes _____ No

If yes, what is your current square footage?

Office _____ sq.ft. Manufacturing _____ sq.ft.

What is your approximate monthly cost for this facility?

Rent $ _____ Utilities $ _____ Other $ _____

Please describe the machinery and equipment to be located on the Incubator premises and what service support is needed to maintain this equipment (i.e., required square footage, electrical load, venting, cooling, etc.)

_____

_____

_____

_____

_____

_____

Will you require any of the following special facility needs?

_____ Loading docks _____ Warehousing / Storage _____ High voltage

_____ Liquids or chemical waste disposal _____ Other (Please specify.)

_____

_____

_____

If accepted as a Tenant in the Virginia Highlands Small Business Incubator, when will you want to start occupancy in the facility?

_____

How many total employees will be occupying the space?

	Current employees	First Year	Second Year	Third Year
Full Time	_____	_____	_____	_____
Part Time	_____	_____	_____	_____

6. FINANCIAL INFORMATION

(Please attach a set of Financial Projections for your business as an Attachment to this Application. Financial Projections should be completed for at least three years of anticipated future operation of your business.)

Are you currently seeking additional funding for your business?

____ Yes____ No If yes, please state amount of funds needed: $_____

Where do you plan to obtain these funds? _____

_____

List your business's bank references. (Please include branch location and bank representative's name)

_____

_____

_____

7. SURVEY INFORMATION

How did you learn about the Virginia Highlands Small Business Incubator?

_____

_____

How do you think your participation in the Incubator will benefit your business?

_____

_____

_____

(READ CAREFULLY BEFORE SIGNING)

I hereby apply for admission as a Tenant in the Virginia Highlands Small Business Incubator. I understand that the information contained in this application will be held in the strictest confidence. I understand that, as part of the screening process, my credit history and financial references may be investigated. I further understand that this application is subject to review and in no way guarantees my admission to the Virginia Highlands Small Business Incubator, and that no liability will be assumed by the Virginia Highlands Small Business Incubator. The Board of Directors of the Virginia Highlands Small Business Incubator retains sole and exclusive authority to accept or reject Tenant Application Packages. If accepted, tenants are required to complete a separate Tenant Lease Agreement.

Signature _____ Date _____

Return this application to:

Virginia Highlands Small Business Incubator
851 French Moore, Jr Blvd.
Abingdon, VA 24210
Telephone: (276) 492-2062
Fax: (276) 698-3070