

**PIONEER TECHNOLOGY CENTER
SMALL BUSINESS INCUBATOR
CLIENT APPLICATION FORM**

Date Business Started or Proposed Start: _____

Name of Business: _____

Contact: _____

Business Address: _____

City: _____ State: _____ Zip _____

Business Phone: _____ Fax Number: _____

Home Phone: _____ Cell: _____

Email: _____ Web Site/URL: _____

Type of Ownership:

- Sole Proprietor
- Partnership
- Limited Partnership
- Corporation

Type of Business:

- Service
- Wholesale
- Manufacturing
- Retail

Business Products and Services Offered: _____

What are your markets: Local _____ State _____ Other _____

Number of employees: Now _____ After Year 1 _____ After Year 2 _____ After Year 3 _____

Training skill areas required of employees: _____

Date anticipated moving into Business Incubator: _____

Estimated space needed (Sq. Ft.): _____ Will you require any special utility hookups? _____

Describe your utility requirements: _____

Do you have a Business Plan? Yes, completed _____ Partial, need help _____ No _____

Do you have Financial Statements? _____ Projections? _____

Give a brief summary of your service or product and your marketing plan: _____

How do you see the Pioneer Technology Center Business Incubator assisting you? _____

Have you taken classes at Pioneer Technology Center? _____

If yes, what classes? _____

Important - Please attach to this application form the follow items:

- Two (2) Business Reference Letters**
- In-file credit history from your local credit bureau (cost is approximately \$10.00)**

Signature (Coordinator)

Signature (Client)

Date

Date