

TENANT APPLICATION

Please answer the questions to your best ability. Leave questions blank if they do not apply. For assistance in completing the application, contact the Incubator Director.

I. General Information

Name of Business: _____

Principal Officer(s) and Title(s): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ FAX: (_____) _____

email: _____

- Date Business Established: _____
- Form of Business (LLC, S Corp. etc.): _____
- Current gross sales: \$ _____

2. Company's key management:

A. Name: _____

Position In Company: _____

Experience: _____

B. Name: _____

Position In Company: _____

Experience: _____

C. Name: _____

Position In Company: _____

Experience: _____

3. Brief description of your business:

4. Company's strategy for success:

5. Summarize your market and what your company will bring to the market:

6. List your top 3 competitors:

1. _____
2. _____
3. _____

7. Describe the three greatest threats to the success of your product/business.

1. _____
2. _____
3. _____

8. Describe the stage of your product development: (conceptual, working on prototype, etc.)

9. Summarize your proposed commercialization and marketing/sales strategy:

10. Describe your business' proprietary intellectual property and the steps you have taken to protect it: _____

11. What are your current sources of funding?

12. Describe current and anticipated funding needs and anticipated sources for such funding: _____

13. Identify sources of working capital for at least the first 6 months in the incubator: _____

14. What stage are you in completing a business plan?

Completed: _____ In process: _____ Not started: _____

Would you like assistance in writing a business plan? yes: _____ no: _____

15. Describe why you think participating in the Incubator will benefit your company: _____

16. List in order of priority the facilities/services and/or expertise you are looking for from the Incubator:

1. _____
2. _____
3. _____
4. _____
5. _____

17. When would you like to move into the Incubator? (tenant applicants only)

18. How long would you anticipate staying in the Incubator? _____

19. Which of the following outside services will you need to assist your management team?

Accounting _____

Legal _____

Financial Consultant _____

Computer Consultant _____

Marketing Consultant _____

Product Consultant _____

Business Plan Assistance _____

Acquisition of capital _____

Other: _____

20. Approximately how much Incubator space will you need? (Tenant applicants only) _____

21. Describe any special facility needs required: (Tenant applicants only)

22. Estimated employment (specify full-time or part-time):

Currently: _____

At time of occupancy: _____

One year later: _____

Upon graduation from Incubator: _____

23. List the individuals who serve as your company's Board of Directors, including their experience in your industry:

1. _____

2. _____

3. _____

4. _____

5. _____

24. Provide three business references, include addresses and phone numbers:

1. _____

2. _____

3. _____

Clearly document and submit with your application the basis of your assumptions/calculations that have been used in preparation of the financial statements. The assumptions should be derived from and be consistent with the information contained in this Application.

Dated: _____ APPLICANT NAME:

By: _____

Print Name: _____

Title: _____

Please return completed application to:

Martin Donnelly, Director
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