



Date..... Date received (office use).....

Business Name
.....

Principals & Titles

Full Address
.....
.....

Phone..... Mobile..... Email.....

Form of Ownership

- Sole Proprietor
- Partnership LLC
- C Corp
- S Corp

If other, please describe.....

Date business started.....

Where started (city/state)

Nature of business. Include a brief description of product/service and nature of market.
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Stage of Development

- Idea stage
- Early stage
- Prototype stage (manufactured & sold in small quantities)
- Developmental stage (product maturity, sales volume & mgmt)

Number of employees Full-time Part-time

Do you have an existing written business plan? Yes No

Principals' information

Principal 1

Name.....
Title
E-mail.....
% owned.....

Principal 2

Name.....
Title
E-mail.....
% owned.....

Type of business – select all applicable.

- High technology
- Service
- Software
- Light manufacturing
- Other – please describe



Current sales revenue (dollar volume per month).....

Number of employees (include principals) Full-time..... Part-time.....

Projected number of employees within 12 months

How is your product or service unique?

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.....

.....

Describe target market and size

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Primary source of financing in percentage

..... Savings

..... Operating income

..... Equity investment-private

..... Equity investment

..... Venture capital

..... Debt – personal

..... Debt – bank

Are you willing to work with a Board of Advisors that is mutually acceptable to you while residing within the innovation center?.....



What is the amount of office, manufacturing or laboratory space needed?

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Any special facility requirements such as electrical, ventilation, or floor load, etc.?

(Please list individually.)

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How long do you expect to be a client? (expected maximum term is three years with approved extensions not to exceed five years)

How did you hear about us?

.....

Applicant's name.....

Title

Signature.....

Date.....

All information collected by Ascent Innovation will be held in confidence