

Date of Application: _____

Name: _____

Street Address: _____ City _____ State _____ Zip _____

Telephone _____ Mobile Phone _____ Email _____

Company Name _____ Website Address _____

PERSONAL INFORMATION

Why do you want to go into business for yourself?

Please explain your work ethic and dedication to your product/service.

What is your morning routine? Do you workout?

What would you do if you had a million dollars?

Name three immediate personal goals.

Name three lifetime goals.

Describe yourself in three words or less.

COMPANY INFORMATION

Describe your products or services. _____

Describe the market for your products or Services. _____

How will your product or service generate revenue? _____

Do you have team in place for your business?

Yes

No

If yes, please provide names and positions:

Do you have a business plan?

Yes

No

Did you establish a company? Yes No Incorporation Date _____

Major Partners/Shareholders _____

What is the current stage of development of your product or service offering?

Idea Ready to Launch Development Being Sold

Have you started generating any revenue? Yes No

If no, how much time does your business need to start generating revenue? _____

LOGISTICAL NEEDS

Are you interested in locating your business at the Incubator? Yes No

If yes, how many team members do you expect to have? _____ Now _____ At 6 Months _____ At 12 Months

SUPPORT NEEDS

Are you interested in benefiting from the support services at the incubator? Yes No

If yes, which of the following services are of interest to you?

Strategic Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Planning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contacts and Introductions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Partnerships Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fund Raising	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recruitment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marketing Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legal Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accounting Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FUNDING NEEDS

Have you raised any funding for your company? Yes No

Do you plan to raise any funding for your company? Yes No

If you were referred to us, please provide a short explanation here. _____

Please include any comments or further information that you wish to communicate to us.

ACKNOWLEDGEMENT & SIGNATURES

The information in this Cincinnati Small Business Incubator (CSBI) application is provided for the purpose of applying for tenancy under the CSBI Program. The information is accurate to the best of the applicant's knowledge. The applicant understands that personal and / or business information may be requested pursuant to this application and hereby grants consent for such information to be provided to CSBI. The applicant understands that CSBI retains sole decision whether this Application is approved, disapproved or modified.

Completion and submission of the application by the applicant to CSBI is merely a request for entrance and shall not be construed as an approval nor a commitment by CSBI.

The applicant agrees to hold harmless CSBI, its staff, employees, agents, volunteers, offices, affiliates and trustees from any and all claims, injury, cause of action whatsoever, whether previously, now or hereafter incurred, from any acts or omissions by CSBI, its staff, employees, agents, volunteers, offices, affiliates and trustees pursuant to any technical assistance provided.

The applicant agrees that CSBI assumes no responsibility for the success or failure of the applicant's existing or proposed business venture. The role of CSBI is consultative in nature and any advice or information offered may or may not be used per the applicant's discretion. Therefore, the applicant releases the CSBI and its staff, employees, agents, volunteers, offices, affiliates and trustees from any liability associated with the applicant's existing or proposed business venture. CSBI's affiliates include, but may not be limited to, Community Management Corporation.

Name of Entity: _____

Authorized Signature: _____ Signer's Printed Name: _____

Signer's Title: _____ Date: _____

Authorized Signature: _____ Signer's Printed Name: _____

Signer's Title: _____ Date: _____

Authorized Signature: _____ Signer's Printed Name: _____

Signer's Title: _____ Date: _____