



Lincoln Trail Dynamic Business Accelerator

Client Application

**CONFIDENTIAL
TENANT APPLICATION**

I. GENERAL INFORMATION

Name of Applicant: _____

Current Address: _____

Former Address if less than two years at current address: _____

Telephone: (H) _____ (W) _____ (C) _____

Business Name: _____

Type of Company: __ Sole Proprietorship
 __ Corporation
 __ Limited Liability Company
 __ Partnership
 __ Subchapter S Election

Is business currently in operation? Yes No

 If yes, year business founded:

If no, where are you employed?

 Do you currently have a Kentucky business license? Yes

Do you have a business plan? Yes No (If yes, please attach)

II. INFORMATION ON BUSINESS PRODUCT/SERVICE

Briefly describe your product or service:

Briefly describe the market for your product/service (your target customer):

In what geographic areas are your customers located?

Who are your competitors? (name at least two)

Why do you think you have a competition advantage?

How do you market and distribute your product or service?

<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Personal Contacts Made by Owner
<input type="checkbox"/> Sales Force	<input type="checkbox"/> Publication Advertising
<input type="checkbox"/> Internet	<input type="checkbox"/> Other. Explain _____

III. BUSINESS EXPERIENCE

Describe your past experience that relates to your product/service and the length of that experience (attach resume if available):

List the names and titles of any other officers or key personnel (attach resumes if available):

IV. BUSINESS SERVICE NEEDS

What types of office support services are you interested in?

- | | |
|---|--|
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Copier | <input type="checkbox"/> Fax Machine |
| <input type="checkbox"/> Mail Handling | <input type="checkbox"/> Conference Room |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Other |
| <input type="checkbox"/> Internet/Network | |

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?

All tenants may be assigned a members from the advisory board, business mentors, or local business professionals. What areas of expertise would you be interested in having represented on your advisory committee?

V. 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.

What is your approximate monthly cost for this facility?

Rent: \$ _____

How many square feet of space does your business require?

Office: _____ Sq. Ft.

If you require manufacturing space, please describe the equipment to be located on the premises and what service support is needed to maintain this equipment (i.e., electric load, venting, and cooling).

If accepted as a tenant, when would you want to start occupancy in the facility? _____

How many total employees will be occupying space?

	Current	1 Year	2 Years
Full Time	_____	_____	_____
Part Time	_____	_____	_____

VI. OTHER

How did you learn about The New Century Venture Center?

How do you think your participation in the **Lincoln Trail Dynamic Business Accelerator** would benefit your business?

Please attach a brief typed narrative which generally describes your business, market, and operational plan.

VII. BUSINESS FINANCIAL INFORMATION

What is the amount and source of financing for operating your business?

- Existing Loan(s) Amount \$ _____
- Cash/Equity Amount \$ _____
- Operating Expenses are/will be covered by sales
- Other

Are you currently seeking additional funding for your business?

___ Yes ___ No If yes, please state funds needed: \$ _____

Where do you plan to obtain these funds? _____

Please list your business's bank references (include branch location and representative name):

I am applying for admission to The New Century Venture Center. I understand that the information contained in this application will be held in the strictest confidence. I understand that as a 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 admittance to this program and that no liability will be assumed by the **Lincoln Trail Dynamic Business Accelerator**.

Signature: _____ Date: _____