

The Center for Business & Technology Development

NeoTech Incubator Application for Admission

(Information submitted will be held in confidence and used for purposes of evaluation for admittance to the Incubator)

Business Name:	
Principal Officer and Title:	
Phone Number:	
Fax Number:	
E-Mail address:	
Internet Address: (if applicable)	
Full Address:	
Nature of Business:	
Brief Background of Principal Officers: (include resumes with business plan)	
Date Business Established:	

Company Form: (C-Corp, S-Corp, LLC, etc.)	
Current Status of Business:	Ex: working on prototype, product in advanced development, etc.
Current Sales Revenue:	_____ Dollars per month
Current Number of Employees:	This includes Principal Officer _____ Full-time employees _____ Part-time employees
How many employees do you expect to have in:	Next 12 months? _____ Next 5 years? _____
Type of Financing Employed to Date:	_____ Personal Resources _____ Private Investors _____ Venture Capital _____ Other Please indicate nature:
Plans for Future Rounds of Financing:	
Status of Business Plan:	_____ Business Plan not started Do you need assistance? _____ _____ Business Plan in preparation Expected completion date: _____ _____ Business Plan completed and available for review
Approximate Space Requirements:	_____ Square feet for office _____ Square feet for flex lab
Approximate date you desire to locate in the NeoTech Incubator:	
Do you have financing or product revenues to pay rent for six (6) months?	