



BUSINESS CENTER APPLICATION

COMPANY INFORMATION

Business Name: _____

FEIN _____

Business Phone Number: _____

Current Business Address: _____

Web Address: _____ E-Mail Address: _____

- Type of Business Structure:
- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> C – Corporation | <input type="checkbox"/> S - Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Liability Company |

Date Company was Established: _____

- Indicate Business Stage:
- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Idea | <input type="checkbox"/> Seed or Development |
| <input type="checkbox"/> Prelaunch | <input type="checkbox"/> Startup, Launch |
| <input type="checkbox"/> Established | <input type="checkbox"/> Growth and Expansion |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Exit Plan |

How did you hear about the FSMSDC Business Center: _____

REQUIRED STATISTICAL INFORMATION

- Business Owned By:
- | | |
|--|--|
| <input type="checkbox"/> Female (100%) | <input type="checkbox"/> Female (At least 51%) |
| <input type="checkbox"/> Male (100%) | <input type="checkbox"/> Male (At least 51%) |

Minority Owned Business: Yes No

Dollar amount of Last Quarter's Sales: \$ _____

Dollar amount of Monthly Payroll: \$ _____

Number of Current Employees:

_____	Full Time (Include Owners)
_____	Part Time
_____	Total Employment

INTERMEDIARY RELATIONSHIPS

Commercial Bank: _____ e-mail _____

Legal Representation: _____ e-mail _____

Accountant: _____ e-mail _____

Insurance Provider: _____ e-mail _____



OWNERSHIP INFORMATION Use separate sheet to list additional owners.

Owner's Name: _____ Title: _____
Address: _____
Phone #: _____ e-mail _____
% of Ownership: _____

Owner's Name (2): _____ Title: _____
Address: _____
Phone #: _____ e-mail _____
% of Ownership: _____

Owner's Name (3): _____ Title: _____
Address: _____
Phone #: _____ e-mail _____
% of Ownership: _____

PRODUCT / SERVICE INFORMATION

Describe your products / services and attach any product / service literature:

Is the entity or any of its owners a patent holder? Yes No
If yes, please describe _____

Does your entity require any special electrical considerations? Yes No
If yes, please describe: _____



BUSINESS SUMMARY

The following questions are intended to provide a summary of your business. These questions should be answered and submitted to the FSMSDC Business Center as part of the application as a tenant in the Business Center. The answers should total at least three but no more than five typewritten pages.

You can also attach a copy of your Business Plan, if all the information below is included.

- 1. WHAT IS YOUR PRODUCT OR SERVICE?**
Provide a description of the business, including the range of products and/or services offered. Describe the significant problem that your business addresses.
- 2. WHAT MAKES YOUR BUSINESS SOLUTION UNIQUE?**
Describe your value proposition.
- 3. WHAT IS YOUR REVENUE MODEL?**
Provide details of the revenue source and mention other strategies if applicable
- 4. WHO IS YOUR CUSTOMER?**
Describe your target market, the purchase decision makers in the market, the sales and distribution channel(s), and the sales cycle. Insure that the information is specific to *your* business opportunity vs. a generalization of the industry.
- 5. WHAT DO YOU KNOW ABOUT THE MARKET?**
What is the size of the market, who competes and how, and what are the opportunities that you have in the marketplace landscape.
- 6. WHAT ARE THE COMPETING SOLUTIONS**
Describe the alternative products and suppliers that offer your customers a solution. Describe how your solution is superior to the competition.
- 7. DEFINE YOUR BUSINESS SUCCESS**
Describe your vision of success and provide detail on the major milestones that you wish to achieve. Provide current and future challenges for developing the business that you wish to overcome.
- 8. WHO ARE YOU?**
Describe the principle participants in the business. What specific strengths and resources does your team bring to the opportunity? What makes you, as individuals, unique?

ACKNOWLEDGMENT & SIGNATURES

The information in this FSMSDC Business Center application is provided for the purpose of applying for tenancy to the FSMSDC Business Center. 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 FSMSDC Business Center. The applicant understands that FSMSDC Business Center retains sole decision whether this Application is approved, disapproved or modified.

Completion and submission of the application by the applicant to the FSMSDC Business Center is merely a request for entrance and shall not be construed as an approval or a commitment by the FSMSDC Business Center to rent space to applicant.

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

The applicant agrees that the FSMSDC Business Center assumes no responsibility for the success or failure of the applicant's existing or proposed business venture. The role of the Business Center 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 FSMSDC Business Center and its staff, employees, agents, volunteers, officers, and trustees from any liability associated with the applicant's existing or proposed business venture.

Name of Entity: _____

Authorized Signature: X _____ **Signer's Printed Name:** _____

Signer's Title: _____ **Date:** _____

Authorized Signature: X _____ **Signer's Printed Name:** _____

Signer's Title: _____ **Date:** _____

Please submit application to Beatrice Louissaint at beatrice@fmsdc.org