

CLIENT APPLICATION FORM

1. APPLICANT INFORMATION

Name:

Title:

Business Name:

Address:

City:

Zip:

Telephone:

Fax:

Form of Business: Sole Proprietorship Partnership Joint Venture Corporation

Date business formed:

Number of employees: Full-Time Part-Time

Nature of business:

Principals:

Name	Sex*	Race*	Address	% of Position	Ownership
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*This information is optional

<u>Others</u>	<u>Name</u>	<u>Address</u>	<u>Telephone</u>
Attorney:	_____	_____	_____
Accountant:	_____	_____	_____
Banker:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Business/Professional References (minimum 3)

	Name	Relationship	Address	Telephone
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

The Board of Directors of the Business Enterprise Center is committed to encouraging the development of sound business management practices by all resident clients. The following are indicators of that commitment:

Indicate your willingness to develop a three-year business plan	Yes___	No___
Indicate your willingness to submit quarterly financial statements	Yes___	No___
Indicate your willingness to submit quarterly activity reports	Yes___	No___
Indicate your willingness to form an advisory board	Yes___	No___
Indicate your willingness to meet quarterly with a business counselor	Yes___	No___

II. GENERAL DESCRIPTION OF BUSINESS:

(Provide detailed information. Attach extra sheets or business plan if necessary.)

Job creation: (Provide detailed basis for the number, type, wage amounts fo reach year within tenancy period and projected employment statistics for two year period following incubator tenancy. Indicate precisely how jobs will be created/retained.)

Other factors that you wish to be considered when reviewing your application:

III. USAGE OF INCUBATOR RESOURCES

Describe in detail your anticipated use of additional BEC provided services (Copy machine, fax machine, Voice Mail, conference room.)

Describe in detail the kinds and types of business services your business is likely to need from the BEC.

Does your business require any governmental or regulatory approvals?

Does your business receive any public funding, grants or foundation monies? If so, describe in detail indicating purpose, sources, amounts and funding periods.

Indicate how your business might benefit from access to Oregon State University human and physical resources.

IV. CERTIFICATION AND RELEASE:

All of the statements made in this application are true, accurate, and complete to the best of my knowledge. I understand that any false statement or material omission may lead to the disqualification of this application.

Further, I understand this application and supporting materials may be reviewed by the Business Enterprise Center's Board of Directors and Advisory Committee, and I release the information for examination by these groups.

Finally, I authorize the Business Enterprise Center and/or its officers or designated agents to contact references given, as well as to secure credit reports on the entity applying for tenancy as well as its principals.

FOR THE APPLICANT:

Signature

Date

Title

BEC use only:

Date Received _____ By _____