



# APPLICATION

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web site: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ # of employees: \_\_\_\_\_ Annual sales \$ \_\_\_\_\_

Legal organization of business

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

1. Briefly describe your business, its products and the market you are targeting or will target:

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2. Approximately how much space will you need? \_\_\_\_\_

3. How long would you like to stay in the 17 Gordon Avenue Business Incubator Center? \_\_\_\_\_

4. Do you have special facility needs - elevator access, loading docks, high voltage, etc.?  
\_\_\_\_\_  
\_\_\_\_\_

5. Can you identify specialized equipment needs - machine tools, spectrometers, lasers, etc.?  
\_\_\_\_\_  
\_\_\_\_\_

6. Will you need any of the below services?

Clerical \_\_\_\_\_

Accounting \_\_\_\_\_

Marketing \_\_\_\_\_

Production \_\_\_\_\_

7. Is your company interested in utilizing faculty, staff and students? \_\_\_\_\_

8. Initial capitalization of your business? \_\_\_\_\_

\$0 - \$50,000 \_\_\_\_\_

\$50,000 - \$100,000 \_\_\_\_\_

\$100,000 - \$150,000 \_\_\_\_\_

Over - \$150,000 \_\_\_\_\_

9. List principals and % of ownership

Name	Address	Position	% Ownership
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10. List and describe all pending legal action against you, your company and its officers

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11. If your business is less than 3 years; What is the status of your business plan? (Include % complete and date written) \_\_\_\_\_

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12. If your business is 3 years or older, please submit 3 years of tax returns and business financial statements for review.

The 17 Gordon Avenue Business Incubator Center was created to foster entrepreneurial activities and to provide low-overhead incubator space and technical and business assistance to new product-oriented and selected service firms. Firms seeking assistance are expected to show progress in accordance with an approved business plan (formal application involves presentation of this plan to the Center's governing authority). For these firms, this form represents only a pre-application and not a formal request to become a client of the Center. Clients not seeking assistance need only provide this application. Clients may remain in the Center for up to three years. All information provided will be confidential.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*Please return to: Richardson Ogidan, Program Manager, 17 Gordon Avenue Business Incubator Center  
17 Gordon Avenue, Providence, RI 02905, Ph: 401-831-5070 ext: 28, Fax: 401-351-7790  
email: rogidan@17gordonavenue.com, web site: www.17gordonavenue.com*