

Mercy Business Training and Development Center (MBTDC)
504 E. Green Street
Wilson, NC 27893
252-243-4855

**INCUBATOR PROGRAM
APPLICATION FOR ADMITTANCE**

\$45.00 Application Fee (required)

Date: _____

Business Name: _____

Contact Person: _____

Current Address: _____

Mailing Address: _____
(If different)

Telephone: Business _____ Home _____

Email Address: _____

Business Status:

_____ Existing Business Approximate Date Started _____

_____ New Business Projected Start Date _____

Description of Business and Products/Services provided: _____

Legal Organization of Firm:

_____ Sole Proprietorship Federal Employer Tax ID # _____

_____ Partnership

_____ Limited Liability Company

_____ Corporation State: _____ Date of Incorporation: _____

Principal Owners/Stockholders:

Name Address Social Security Number

Sales Tax #: City _____ State _____

Wilson County Health Dept. Food Handlers Card Expiration Date: _____

Number of Employees (if currently in operation): _____ Full-time _____ Part-time

Gross Sales for last fiscal year: _____ for period _____ to _____

Do you have a business plan? _____ Yes _____ No

If yes, please attach a copy.

If no, do you need assistance in preparing one? _____ Yes _____ No

If you are already in business, has your product proven viable? _____ If not, briefly describe your obstacles:

Where do you currently market your product(s)?

Please list local, regional, or national/international firms you consider to be your primary competition:

Are you planning to add new product(s) within the next two years? Explain.

Are you planning to expand your markets within the next two years? Explain.

How many new full and part-time employees do you plan to add over the next two years?

Explain: _____ Full-time _____ Part-time

What are your approximate space requirements?

Office	_____	square feet
Production	_____	square feet
Storage/Warehousing	_____	square feet
Showroom	_____	square feet
Other (explain below)	_____	square feet

Total Needed _____ square feet

What are your projected total space requirements in?

One Year _____ total square feet
Two Years _____ total square feet
Three Years _____ total square feet

Kitchen Facility and Equipment Usage (Kitchen Incubator Tenants Only)

Anticipated number of hours of kitchen usage needed: Per Week____ Per Month____

Ideal time of day you would use the kitchen facility_____

Check the days of the week you prefer:

Monday____ Tuesday____ Wednesday____ Thursday____
Friday____ Saturday____ Sunday____

Do you need overnight storage space? (Yes or No)

____ Freezer
____ Cooler
____ Dry Storage

<i>Absolute Necessity</i>	<i>Would use if available</i>	<i>Equipment</i>
_____	_____	Range/Oven
_____	_____	Commercial Mixer
_____	_____	Walk-in Cooler
_____	_____	Walk-in Freezer
_____	_____	Convection Oven
_____	_____	Commercial Grinder
_____	_____	Vertical Cutter/Mix
_____	_____	Steam Kettle
_____	_____	Stainless Steel Tables
_____	_____	Dishwasher
_____	_____	Other:_____

Special Service, Facility, or Utility Needs

Will you:	Yes	No
Have any unusual telephone system requirements? Explain:	_____	_____
Have special sewer use need? Explain:	_____	_____
Have special water use needs (other than restrooms)? Explain:	_____	_____
Use special laboratory facilities, toxic, corrosive, or Flammable chemicals? Explain:	_____	_____
Have special or high use electrical power requirements attributable to equipment used in your business? Explain:	_____	_____
Generate fumes/gases requiring special venting: Explain:	_____	_____
Generate noise which will require soundproofing and/or special partitioning? Explain:	_____	_____
Generate or use heat or use a heat-related process? Explain:	_____	_____
Other special needs or requirements? Explain:	_____	_____

Please describe what is/will be your personal financial investment and time commitment to this business.

Is it intended that this business provide you or the managing principals with your primary source of income?

What are your projections of needed capital for the business during the next 1-3 years?

Where do you propose to obtain this capital?

How do you think the Incubator can assist you in developing your business?

PLEASE ATTACH A 3-5 PAGE BUSINESS SYNOPSIS FOLLOWING A BUSINESS PLAN FORMAT. INCLUDE CURRENT FINANCIALS AND OR ONE YEAR OF PROJECTIONS. A BUSINESS PLAN OUTLINE AND CASHFLOW PROJECTION WORKSHEET ARE AVAILABLE UPON REQUEST.

By signature to this Application for Admittance, applicant acknowledges that the Incubator Program Management may obtain relevant credit and background information with respect to the applicant business and/or its principals.

Applicant's Signature

Date _____

Applicant's Title