

# Mansfield/Richland Incubator, Inc.

## Application for Admission

Information submitted is held in confidence and used only to evaluate admission to the Mansfield/Richland Incubator, Inc. Please answer all questions in the space provided even when included in an attached Business Plan. If questions do not apply, write N/A.

### I. Company Profile:

Company Name: \_\_\_\_\_ Employer ID#: \_\_\_\_\_

Name and Title of Contact person: \_\_\_\_\_

Street \_\_\_\_\_ address: \_\_\_\_\_

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

Office phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### II. Square Footage Required:

Date Occupancy is desired: \_\_\_\_\_

\_\_\_\_\_ Square Footage Office  
\_\_\_\_\_ Square Footage Manufacturing/Warehouse  
\_\_\_\_\_ Square Footage Lab Space

*This information contained in this application is accurate and true to the best of my knowledge.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Reviewer \_\_\_\_\_

Recommendation:

**1. Type of Business:**

- |   |   |
|---|---|
| <input type="checkbox"/> Manufacturing            | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Warehousing/Distribution | <input type="checkbox"/> Construction             |
| <input type="checkbox"/> Technology               | <input type="checkbox"/> Service                  |

**2. Briefly describe your company's products or services:**

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**3. Which of the following best describes your company:**

- |                                   |                     |
|-----------------------------------|---------------------|
| <input type="checkbox"/> Start-up |                     |
| <input type="checkbox"/> Existing | Start-up date _____ |

**4. Legal structure:**

- |  |  |
|--|--|
| <input type="checkbox"/> C-Corporation                 | <input type="checkbox"/> S-Corporation |
| <input type="checkbox"/> Limited Liability Corporation | <input type="checkbox"/> Partnership   |
| <input type="checkbox"/> Sole Proprietorship           |  |

**5. Does your product or service involve the development or advancement of new or existing technology?**

- Yes       No

If yes, please describe briefly:

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**6. Do you have a Business Plan?**

\_\_\_\_\_ Yes (please attach)

\_\_\_\_\_ In process

\_\_\_\_\_ No

**7. Please indicate any specialized facilities that your company will need:**

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