



2 Public Square
P.O. Box 5340
Wilkes-Barre, PA 18710
(570) 823-2101
email: info@icwb.biz
website: www.icwb.biz

Application for Occupancy at the Innovation Center @ Wilkes-Barre

To officially apply to the Innovation Center @ Wilkes-Barre you will need to submit:
1) a completed application form, 2) a copy of your business plan, including three-year financial projections and 3) a copy of each shareholder's most recent tax return (or a business tax return if the business has already been in existence for at least one year.

BASIC CONTACT INFORMATION:

Name: _____ Date: _____

Name of Business: _____ Website: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Social Security Number: _____

Partner(s)/Principal(s) Name: 1. _____ Phone: _____
SS# _____ % ownership: _____

2. _____ Phone: _____
SS# _____ % ownership: _____

3. _____ Phone: _____
SS# _____ % ownership: _____

4. _____ Phone: _____
SS# _____ % ownership: _____

Attorney Name: _____ Phone: _____

Accountant Name: _____ Phone: _____

Bank Name: _____ Phone: _____

SPACE REQUIREMENTS

Square Footage you are interested in: _____ Desired Date of Occupancy: _____

Electric

Type of Equipment	_____	#volts	#amps	Phase
Type of Equipment	_____	#volts	#amps	Phase

Special Lighting Needs? _____

Telecommunications

Own System? _____ # Lines Voice: _____ # Lines Fax: _____
 # Computers to be connected to Innovation Center Network: _____

Other Special Needs? _____

BUSINESS INFORMATION

New Business: _____ Existing Business: _____ Year Established: _____

Where was the Business Started: _____ # of Employees: Full _____ Part _____

Legal Structure of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation

Please Describe the Business: _____ Idea Stage _____ Early Stage _____ Prototype Stage – (manufactured & sold in small quantities) _____ Developmental Stage – (product maturity, sales volume & management capability) _____ Expansion Stage – (capable of standing on your own)

Briefly describe your business, product, service and associated technology:

Describe your business background or experience with product/service:

How is your business, product, service unique?

Briefly describe your target market and market size:

Can your business/product/service or technology be patented, trademarked or protected from duplication? _____ Yes _____ No

Estimated Employment:	<u>Direct</u>	<u>Indirect</u>
At time of occupancy:	Full Time _____ Part Time _____	_____
One year later:	Full Time _____ Part Time _____	_____
Within 3-5 years:	Full Time _____ Part Time _____	_____

Please list the type of services/assistance your company will require: _____

FINANCIAL INFORMATION

What is (will be) the primary sources of financing for your business?

Current capitalization of your business? \$0-\$50,000 \$50,000-\$100,000
 \$100,000-\$150,000 Over \$150,000

Additional near-term contemplated capitalization? _____
Total assets: _____ Total revenue past 12 months: _____ Annual growth rate-%: _____

Are you willing to accept and act upon advice from a board of mentors appointed for you?
 Yes No

Are you willing to have your financials and business plan reviewed by the board twice a year?
 Yes No

How did you hear about us? _____

Additional comments: _____

NOTE: In order to be considered for the incubator program and to expedite the process, please include the following:

- 1) completed application form
- 2) copy of your business plan, including three-year financial projections
- 3) copy of each shareholder's most recent tax return (or a business tax return if the business has already been in existence for at least one year)
- 4) any other pertinent information, e.g. annual report, brochure

Should you have any questions or comments or require any help, please do not hesitate to contact the Innovation Center @ Wilkes-Barre Director, John L. Augustine III at 570-823-2101 or email at info@icwb.biz.

Please send all items to:
Innovation Center @ Wilkes-Barre
Two Public Square
P.O. Box 5340
Wilkes-Barre, PA 18710-5340

I verify that this information is current and accurate and that it may be confirmed.

Signature: _____ **Date:** _____