



Tri-Lakes Business Incubator Program Application

(all information provided on this form is treated confidentially)

General Information

Business Name: _____ Years in Business: _____

Contact Name: _____ Position: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Email address: _____

Website: _____ Date: _____

Check all that apply: Less than 2 yrs in business Have undergone substantial change of ownership in the last year

Home-based Technology Transfer

Type of Business: Sole proprietor Corporation Non-Profit LLC Partnership

Federal employer tax id #: _____

Industry License #/Registration#: _____

Officers/Directors/Advisors
Name

Title

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Business/Marketing

What industry are you in? _____

How/why did you start this company? _____

Describe your products/services: _____

How do you generate revenue? _____

Who is your target market/ideal client? _____

Where is your target market/ideal client located? _____

How will your products/services be promoted? _____

What specific promotional tools will be used? _____

How will your products/services be distributed? _____

Please list firms that you consider to be your primary competition _____

What challenges are you facing? _____

What are your business strengths? _____



In what areas are you planning to grow in the next two years (new prods/svs, new marketing, new clients in existing market, etc)? _____

What is your exit strategy/future plan for your business? _____

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

Financial

What other sources of income/employment do you have to supplement this business? _____

How much personal equity have you already invested/continue to invest? \$ _____

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

Where do you plan to obtain this capital? _____

Incubation

How would you like the Incubator to assist you in developing your business? _____

What business areas do you need help in? _____

What are your expectations of the TLBI? _____

What time of day/days of the week is/are best for counseling/classes? _____

How did you hear about the TLBI? _____



Signatures

Applicant hereby certifies that the foregoing information and statements contained in this application or attached hereto are true and correct and are furnished to the Tri-Lakes Business Incubator for the purpose of gaining admission to the business incubator program. Applicant authorizes the Tri-Lakes Business Incubator to investigate information in this application by contacting its references and otherwise checking applicant's background. Applicant further authorizes any person or agency to furnish to the Tri-Lakes Business Incubator any information that it may have or obtain in response to such inquiries.

Applicant acknowledges that the Tri-Lakes Business Incubator, a Colorado Non-Profit Organization, has or will provide, directly or in conjunction with the other parties (consultants and volunteers), legal, business and management assistance, funding assistance and /or sources, education and business networking, office/business services, consulting and other services. In recognition of the Tri-Lakes Business Incubator's reduced fee structure, and as additional consideration for the Tri-Lakes Business Incubator providing Program Services to Applicant, Applicant agrees to release, remise and discharge the Tri-Lakes Business Incubator (and its directors, officers, employees, consultants and volunteers) from any and all liabilities, obligations, claims, demands, causes of actions, suits, damages, costs, expenses and compensation of every kind and nature whatsoever, know or unknown, direct or indirect, which Applicant now has, may have had, may at any time hereafter have, has asserted and/or could have asserted against the Tri-Lakes Business Incubator for, on account of or in consequence of all transaction and dealings by, between or among the Tri-Lakes Business Incubator and Applicant, including but not limited to the providing of Program Services.

Business Owner Name _____

Business Owner Signature _____ **Date** _____

TLBI Representative Name _____

TLBI Representative Signature _____ **Date** _____

Please email the following documents to: info@trilakesbi.org:

- Business Plan or Business Concept Statement (describe your business & market, list objectives)
- Proof of business bank account
- Summary of owners/management team's training, experience & skills or each resume
- Copy of any industry business license or registration
- List of 3 business references
- List of 3 personal references for each company owner