



INCUBATOR APPLICATION

Business Incubator: A program designed to help small start-up companies overcome the initial challenges of starting a growing business. It is intended to provide an economical and supportive environment for new business start-ups.

Please answer the following questions to the best of your ability. Leave blank any sections for which the question does not apply to your company. Use additional sheets if necessary.

1. General Information

Name of Business _____

Principal Officer(s) and Title(s)

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Other phone numbers/email addresses

Date Business Established _____

Business Form (Corporation, LLC, etc.) _____

2. Company's Key Management - Submit Resumes for each principal.

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

3. Education and Skills of Key Management

Please list below all your academic degrees (starting with the latest one), training programs and skills.

Degree/Program	Major/Skill	University/Location	Date Taken	Status
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress

4. Please briefly describe your business below.

5. Outline your company's strategy for success.

6. Describe the stage of your product development or supply your business plan. (For example, for a winery, have you secured a grape supply? When will you produce your first vintage? How many cases of wine do you plan to produce? Will case production increase over time? For other types of business, what market research have you done?)

7. Identify sources of working capital.

8. Describe why you think participating in the Program would benefit your company.

9. Do you anticipate staying in the Program for the full five years?

10. What are your plans to grow your business and graduate from an incubator status to full market rate?

11. Estimate your part/full time employees.

Currently	Part	Full.....
At time of occupancy	Part	Full.....
One year from occupancy	Part	Full.....
At time of leaving Program	Part	Full.....

12. List the individuals who serve on your company's Board of Directors, or as advisors, including their experience in your industry.

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Please return to:
Port Sunnyside
2405 Reith Way, Suite 2
Sunnyside, WA 98944

Ph 509.839.7678
Fax 509.837.7462

Print Name _____

Signature _____

Title _____

Date _____