

Admission Application

PERSONAL/COMPANY INFORMATION

Date: _____

1. Name of Applicant (Business): _____
 Contact Person for this Application: _____
 Telephone (Day): _____ Fax No: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____ Web Site Address: _____

2. Type of business entity (check one):
 Corporation Partnership
 Limited Liability Company Sole Proprietorship
 Date business registered/established: _____
 State of incorporation or registration (if applicable): _____
*(Please attach copies of your organizational documents, including, but not limited to, **business plan, articles of incorporation and bylaws.**)*

3. Names of current owners, partners and principal officers (please attach resumes if available).
 For owners, indicate the ownership percentage for each person.
Owners, partners, principal officers: % Ownership: Residence Address:

4. Present number of employees: Full-time: _____ Part-time: _____

5. Projected number of employees (12 months from present):
 Full-time: _____ Part-time: _____

6. Describe the amount and type of financing employed to date (personal resources, private investors, government loans/grants, other): _____

7. Please indicate if your business requires additional financing and, if so, the amount/type of financing that is planned and the necessary timing for the financing.

8. Please attach financial statements for the Business.

9. Business References: Contact: Phone No:

FACILITY AND SERVICES INFORMATION

1. Space: How many sq. ft. of space do you initially require?
 Lab: _____ Office: _____ Light Manufacturing: _____

2. Which of the following Services would you consider using if you became an incubator client:

Mark all those that apply:

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Telephone service | <input type="checkbox"/> | Accounting | <input type="checkbox"/> |
| Dedicated Internet access | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| IT maintenance & networking assistance | <input type="checkbox"/> | Marketing | <input type="checkbox"/> |
| Photocopying/printing/scanning | <input type="checkbox"/> | Human Resources | <input type="checkbox"/> |
| Fax service | <input type="checkbox"/> | Grant assistance (SBIR, STTR, etc.) | <input type="checkbox"/> |
| Conference rooms/equipment | <input type="checkbox"/> | Loan/financing assistance | <input type="checkbox"/> |
| Resource library | <input type="checkbox"/> | Patent assistance | <input type="checkbox"/> |
| Postage meter | <input type="checkbox"/> | Mentoring programs | <input type="checkbox"/> |
| Shipping/package service | <input type="checkbox"/> | Referrals | <input type="checkbox"/> |
| Notary Service | <input type="checkbox"/> | Networking activities | <input type="checkbox"/> |
| Programs/seminars | <input type="checkbox"/> | Experienced faculty/consultants | <input type="checkbox"/> |
| Business plan development | <input type="checkbox"/> | Student assistance/interns | <input type="checkbox"/> |

3. In addition to the above services, how would locating at SDTBC's facility help you? What other assistance/services would you expect to receive from SDTBC?

4. Special/unique facility requirements? _____

5. Approximate date you wish to locate in SDTBC facility? _____

6. How long do you anticipate staying at SDTBC (3 year maximum)? _____

Applicant understands that the information provided above will be used for evaluation purposes by SDTBC. If any portion of the information is confidential, you must so indicate on the form.

Applicant hereby certifies that to the best of its/his/her knowledge all the information herewith contained is true and accurate. Applicant understands that additional information may well be required to process this application.

Submitted by: _____

Title: _____

Return to: **South Dakota Technology Business Center**
 2329 N. Career Ave., Suite 1
 Sioux Falls, SD 57107
 FAX: (605) 275-8001