



103 Rotary Drive Hazleton, Pennsylvania 18202
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Application for Occupancy at the CAN BE Innovation Center

To officially apply to the CAN BE Innovation Center you will need to submit: 1) a completed application form, 2) a copy of your business plan, including three-year financial projections and 3) provide any pertinent information that will help us understand your business.

CONTACT INFORMATION:

Name: _____ Date: _____

Name of Business: _____ Website: _____

Phone: _____ Fax: _____ E-mail: _____

Address: _____

Social Security Number: _____

Partner(s)/Principal(s) Name: 1. _____ Phone: _____

% ownership: _____

2. _____ Phone: _____

% ownership: _____

3. _____ Phone: _____

% ownership: _____

4. _____ Phone: _____

% ownership: _____

Attorney Name: _____ Phone: _____

Accountant Name: _____ Phone: _____

Bank Name: _____ Phone: _____

SPACE REQUIREMENTS

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

ELECTRICITY REQUIREMENTS: _____ Volts _____ Amps

Special Lighting Needs? _____

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(C, S, or LLC)

Please Describe the Business: _____ Ideal 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:

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 are (will be) the primary sources of financing for you business?

Current capitalization requirements of your business?

\$0-\$50,000 \$50,000-\$100,000 \$100,000-\$150,000

Over \$150,000

Are you will 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 up to four times 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

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

Signature: _____ **Date:** _____