Application for Tenancy

Company Name:

Primary Contact:

Title:

Brief Business Description of Company:

Address:

City, State, Zip:

Phone: E-Mail:

I (we) Am Applying As:

☐ An Existing Business Approximate Date Started:

☐ A New Business Projected Start Date:

Corporate Form: ☐ C ☐ S ☐ LLC ☐ Partnership ☐ Sole Proprietorship

State in which incorporated: ☐ Employer Identification Number (EIN):

Corporate Officers

President ownership (%)

Vice President ownership (%)

Secretary/Treasurer ownership (%)

List each product that your company has developed and/or those that you intend to develop:

*$100 Refundable Application Fee. Make check payable to:
City of East Lansing, 410 Abbot Rd., East Lansing, Michigan 48823.

BUSINESS PLAN

Do you have a business plan?
(If Yes, Please attach a copy) ☐ Yes ☐ No

Please answer the following questions if you do not have a business plan and/or the business plan does not answer the following questions:

If you are already in business, has your product proven viable? ☐ Yes ☐ No
(If No, Please describe your obstacles below)

Where do you currently market your products or services:

Please list local, regional, or national/international firms you consider to be your primary competition:

Are you planning to add new product(s) within the next two years? (Please explain) ☐ Yes ☐ No

Are you planning to expand your markets within the next two years? (Please explain) ☐ Yes ☐ No

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

Full-Time:

Part- Time:

What will their roles be:

TENANCY

What is your target date for tenancy?

What are your approximate space requirements?

Office: Square Feet

Storage: Square Feet

Production: Square Feet

Other: Square Feet

What are your total space requirements in:

One Year: Square Feet

Two Years: Square Feet

Three Years: Square Feet

Do you have any non-standard telephone system requirements? (Please explain) Yes No

Do you require electrical service beyond the standard service? (Please explain) Yes No

Will you need soundproofing and/or special partitioning? (Please explain) Yes No

Do you have any special temperature necessities? (Please explain) Yes No

Other specific needs or requirements? (Please explain) Yes No

FINANCING

Please describe your personal financial investment and time commitment to this business:

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

Which funding sources do you intend to pursue?

List the top three milestones which the company must achieve in the first year of operation:

1.

2.

3.

How can the Technology Innovation Center best help you meet these milestones?

Please add any additional information that will help the selection committee evaluate your company's potential for success:

Please list three references with contact information regarding your business plan and the people involved:

1.

2.

3.

Required Attachments (check boxes where complete)

☐ Resumes of key principals in the business

☐ Copy of Business Plan (If Available)

Credit Review and Waiver of Confidential Records

Applicant acknowledges that the staff may obtain relevant credit information with respect to the applicant business and/or its principals.

☐ Authorization for Credit Review

☐ Authorization for Waiver of Confidential Records

Certification

My signature below certifies that all the information contained in this application is true and complete. I authorize the Technology Innovation Center staff to verify the information contained on this application by contacting the references given. I also understand that the information contained in this application will be used only to determine my eligibility to lease space in the Innovation Center and will be kept confidential.

Applicant (Typed, if Completing Electronically)

Date

Title

Please Send To:

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