

## Business Incubation at the University of Toledo

## **APPLICATION**

Business Name:			
Telephone			
Current Dusiness Address			
Carrett Basiliess / taaless.			
Dusing and Empails			
Business Email:			
Form of Ownership:			
MBE YES/NO EDGE	YES/NO 8a YES/NO		
Nature of Business: (brief description of product/service and nature of market. Submit product brochures and company literature, if available):			

Type of technology/business:		
Brief Background of Principal Officer(s):		
Date Business Established:		
Current Status of Business (e.g., working on prototype, product in advanced development, etc.):		
Relationship with the University of Toledo:		
Number of Employees (include principal officers):		
Full time: Part time: Referral Agency:		
Projected Number of Employees Within 12 Months:		
Type of Financing Used to Operate Business to Date:		
Other, Indicate Nature:		
Type of Financing currently pursuing:		
Other, Indicate Nature:		

Status of Business Plan	·	
Incubator desired: Clean & Alterr Nitschke Comi Energy & Innov Do You Need Help Wr	mercialization Center	IT Incubator Lab Incubation Center MBE/EDGE Incubator
Approximate Space R	equirements, if any:	
Square Feet for Office	:	
Other (e.g., lab space	e, wet lab, etc.):	
None - My company	will be a non-resident, a	ffiliate.
Other Special Facility	Requirements (electrica	l, ventilation, floor load,etc.):
Approximate Date Yo	u Desire To Occupy Spa	ce:
Submitted by:		
NAME:		
TITLE:		
DATE:		

Please attach or mail:

- 1. Business Plan or Summary
- 2. Company and Product Literature
- 3. Management Team Biographies