



Co-working Spaces
Application Form

Thank you for your interest in the Co-working space. Because you are working inside a secure building, we need to gather a little data about our co-working subscribers. This information is kept strictly confidential. Please contact us if you have any questions or concerns.

1. Name: _____

Business Name (if applicable): _____

Home Address: _____

Date of Birth: (Month/Date/Year) _____ Social Security Number: _____

Phone # _____ Email _____

Please submit a photo with your application so security cameras can identify you.

2. How did you hear about the Incubator? _____

3. Brief description of your intended use: _____

4. Any other comments: _____

Signature

Date

Next Steps:

- Please return this application to the Incubator staff as shown below.
- Include a recent photo of your face.
- We will contact you, set up a tour and then you'll be ready to get started.
- Reservations are to be booked online at pbii.org/reservations.

Please Return to:

Kate Koziol Kate@pbii.org

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Phone: 608-888-9588

Fax: 608-949-8590