



Private Office/Manufacturing Space  
Application Form

1. Owner(s) Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Tax ID No. \_\_\_\_\_

2. How did you hear about the Incubator? \_\_\_\_\_

3. Type of business ownership, check one:  
 Proprietorship  Regular Corporation  LLC  Partnership  
 Sub. Chapter S Corp.  Other, Please specify: \_\_\_\_\_

4. Please list names, addresses and phone numbers of partners or major shareholders with 20% ownership or more that are not listed above.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

5. Is your business:  New  Existing

6. If existing business: How long has it been in existence? \_\_\_\_\_

Current Space Occupied? \_\_\_\_\_ Sq. Ft. Warehouse \_\_\_\_\_ Sq. Ft. Industrial \_\_\_\_\_ Sq. Ft. Office

Current No. of Employees? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Approximate Annual Sales? \_\_\_\_\_ \$0-50,000 \_\_\_\_\_ \$50,001-100,000  
\_\_\_\_\_ \$100,001-250,000 \_\_\_\_\_ \$250,001-500,000 \_\_\_\_\_ over \$500,000

7. Brief description of business, its products and market:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Why do you want to locate at the Incubator?

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9. What type and approximately how much space do you need?

\_\_\_\_\_ Sq. Ft. Office      \_\_\_\_\_ Sq. Ft. Light Manufacturing      \_\_\_\_\_ Sq. Ft. Warehousing

10. On what date do you need the space? \_\_\_\_\_

11. What are your anticipated expansion needs within the next three years? \_\_\_\_\_

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12. How long do you anticipate staying at the incubator? \_\_\_\_\_

13. What are your projected business employment levels:

At time of occupancy	_____ Full-time	_____ Part-time
One year later	_____ Full-time	_____ Part-time
Three years later	_____ Full-time	_____ Part-time

14. What special equipment or facility requirements do you have (i.e. loading docks, high voltage or special electrical needs, plumbing needs, phone lines, ceiling heights, exhaust fans, etc)?

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15. Check any of the following services you will need:

\_\_\_ Mentoring      \_\_\_ Business Seminars      \_\_\_ Huddle Room      \_\_\_ Conference Room  
\_\_\_ Furniture Rental      \_\_\_ Other: please specify: \_\_\_\_\_

16. What are your initial capitalization plans for your business: (please check one)

\_\_\_ \$0-50,000      \_\_\_ \$50,001-100,000      \_\_\_ \$100,001-500,000      \_\_\_ over \$500,000

17. What are the sources for those funds?

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18. Do you need low interest loans to help finance for your business? If yes, please briefly explain:

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19. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?  
\_\_\_\_\_Yes \_\_\_\_\_No If yes, please provide the details as a separate exhibit.

20. Are you or your business involved in any pending lawsuits? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, please provide the details as a separate exhibit.

21. Please list business and personal references including names, addresses, phone and email.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

22. Any other comments/questions:

\_\_\_\_\_

\_\_\_\_\_

23. Please submit the following information:

\_\_\_ Personal Finance Statement (*PBII form*)

\_\_\_ Credit Report General Release (*PBII form*)

\_\_\_ Two-page Business Plan (*PBII form is the minimum required, more detailed plans are recommended*)

\_\_\_ Most Recent Business Tax Return

\_\_\_ Most Recent Interim Business Financial Statement

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Next Steps:**

- Please return this application and supporting documents to the Incubator staff as shown below.
- Your application will be reviewed by the Board of Directors
- You will be advised of your acceptance or and your lease and other documents will be prepared for you to review and sign at an orientation meeting.
- As an Incubator tenant you will be expected to participate in the mentorship and business education programs. These programs will be reviewed with you during orientation.

Please Return Completed Application to:

Kate Koziol [Kate@pbii.org](mailto:Kate@pbii.org)

Platteville Business Incubator, Inc., 52 Means Drive, Suite 100, Platteville, WI 53818

Phone: 608-888-9588 Fax: 608-949-8590

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