



Tenant Application Form

1. Owner(s) Name: \_\_\_\_\_
Business Name: \_\_\_\_\_
Address: \_\_\_\_\_ Phone # \_\_\_\_\_ e-mail \_\_\_\_\_
Social Security No. \_\_\_\_\_ Tax ID No. \_\_\_\_\_

2. How did you hear about the Incubator? (Please check all that apply)
Accountant Civic Organization Local Government Official Realtor
Attorney Chamber of Commerce Newspaper Ad SCORE
Banker Existing Tenant Newspaper Classified Trade Association
Brochure Former Tenant Newspaper Radio Story Other: \_\_\_\_\_

3. Type of business ownership: Proprietorship Regular Corporation LLC
(Please check one) Partnership Sub. Chapter S Corp. Other

4. Please list names, addresses and phone numbers of partners or major shareholders (20% or more) 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?
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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? \_\_\_\_\_

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, etc)?

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

- Computer       Forklift/Materials       Photo Copying       UPS Shipping  
 Conference Room       Furniture       Postage Meter       Other:  
 Fax Service       Management Assistance       Prof. Dev./Training      \_\_\_\_\_

16. Do you have a written business plan?       Yes       No  
Do you need assistance to develop a business plan?       Yes       No

17. 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

18. Do you need financing for your business?  
If yes, please briefly explain:

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19. Please submit the following information:

- Personal Finance Statement (PBII form)       Most Recent Business Tax Return  
 Credit Report General Release (PBII form)       Most Recent Interim Business Financial Statement  
 Two-page Business Plan (PBII form)

20. 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.

21. Are you or your business involved in any pending lawsuits?       Yes       No  
If yes, please provide the details as a separate exhibit.

22. Please list business and personal references including names, addresses, and telephone numbers.

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

23. Any other comments:

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Signature

Date

Please Return to:      Platteville Business Incubator, Inc.  
52 Means Drive, Suite 100  
Platteville, WI 53818  
Phone: 608-348-2758  
Fax: 608-348-3426