

EVE Pre-Qualification Application

(Information submitted will be held in confidence and used for purposes of evaluation for admittance to the Incubator)

Business Name:

Today's Date: _____

Principal Officer Name:

Title:

Phone Number:

Fax Number:

E-Mail address:

Internet Address (If Applicable):

Full Address:

City:

State:

Zip Code:

Nature of Business:

Brief Background of Principal Officers:

(include resumes with business plan)

Date Business Established:

Company Form: (I.E. C-Corp, S-Corp, LLC, etc.)

Current Status of Business: Ex: working on prototype, product in advanced development, etc.

Current Sales Revenue:

Current Number of Employees: This includes Principal Officer

Dollars per month

Full-time employees

Part-time employees

How many employees do you expect to have in:

Next 12 months? _____

Next 5 years? _____

Type of Financing Employed to Date:

- _____ **Personal Resources**
- _____ **Private Investors**
- _____ **Venture Capital**
- _____ **Other**

Please indicate nature:

Plans for Future Rounds of Financing:

Status of Business Plan:

- _____ Business Plan not started
- Do you need assistance? _____
- _____ Business Plan in preparation
- Expected completion date: _____
- _____ Business Plan completed and available for review

Approximate Space Requirements:

- _____ Square feet for office
- _____ Square feet for manufacturing

Approximate date you desire to locate in the Incubator: _____

Do you have financing or product revenues to pay rent for six (6) months? _____

Special Request Or Comments: