

Application For Admission to CoffeeNet's Business Incubator

Business Contact Information

Date Of Application:

Company Name:

Phone:

Fax:

E-Mail:

Type Of Business:

Registered Company Address:

City:

State:

ZIP:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Primary Contact:

Home Address:

City:

State:

ZIP:

Driver's License #

Social Security #

Secondary (Partner) Contact:

Home Address:

City:

State:

ZIP:

Driver's License #

Social Security #

Business Description

Primary Business Description:

Sic Code:

Naic Code (if known):

What Were Your Reasons for Starting this Business?:

How Much Time Do You (and your management team) Invest in This Business on a Weekly Basis?:

Since The Start of This Business, How Much Money Have You Invested in Your Business Including Start-up Expenses?:

What Goals Have You Set For This Business?:

What Is The Mission Statement For This Business?:

List 3 Reasons for Consideration of This Business Within the Incubator:

- 1.
- 2.
- 3.

Additional Business Information

Business License #:		
Insurance Company (Catering -Needs to be for \$1,000,000 in Business coverage):		
Insurance Policy #:		
Indicate Services / Classes that this business would like to learn more about:		
Business Plan Development:	Financial Planning:	SBA:
Technology for Business:	Website Development:	Consignment Programs:
Selling Strategies:	Marketing:	IP Protection:
Corporate Identity:	Networking:	Kitchen Rental:
Other: _____		

Agreement

1. Applicant is applying to participate in CoffeeNet's Business Incubator. Fax completed application to 866.486.3591
2. Applicant understands that his/her credit may be investigated.
3. Applicant understands that this application is subject to review and in no way guarantees admittance to CoffeeNet's Business Incubator.
4. Applicant has enclosed the appropriate non-refundable application fee and \$5 key security.
5. If approved, the applicant agrees to pay \$70 (or \$150 Add catering) program fee per month, each month until the applicant graduates or withdraws from the program by Notifying CoffeeNet in writing on or before the 20th of the month. To avoid fees for upcoming month, the 20th deadline must be adhered.
6. Applicant agrees to pay all applicable monthly charges upon enrollment and by the 1st of each month. Additional charges such as copying, faxing, kitchen or meeting room rental, etc. will be paid at time of use or prior to use according to established policy.

<p>Non Catering Incubator: Please Check App Type</p> <p>\$10 non-refundable application fee \$5 key security deposit \$ 70 per month, term minimum of 3 months Includes: 50 black & white copies (8.5 x11) per month 2 Free 1 Hr Meetings Per Month 1 Free 2 Hr Meeting Per Month 10 Color Copies (8.5 x11) per month 10 digital black & white prints (8.5 x11) 5 digital color prints (8.5 x11) per month 5 hours of business booth rental per month 50% large meeting room rental with free LCD projector usage per month 5 hours of pay per use computer time unlimited incoming faxes per month 10 pages of outbound faxes (nationwide only) per month</p>	<p>Catering Incubator: Please Check App Type</p> <p>\$30 non-refundable application fee \$5 key security deposit \$ 150 per month, term minimum of 3 months Includes: Up to 10 hours per month with no additional fees. 50 black & white copies (8.5 x11) per month 10 Color Copies (8.5 x11) per month 10 digital black & white prints (8.5 x11) 5 digital color prints (8.5 x11) per month 5 hours of business booth rental per month 50% large meeting room rental with free LCD projector usage per month 5 hours of pay per use computer time unlimited incoming faxes per month 10 pages of outbound faxes (nationwide only) per month Medium sized Mailbox , Kitchen rental per hr, add'l hours \$9.00/hr</p>
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_____ Title:	_____ Title:	
Date:	Date:	
Startup:	Home-based Business:	Business Expansion:
Application Score:		
Comments:		

Notification Date: _____ Enrollment Date: _____

Goals (1-5):	Mission Statement (1-5):	Commitment (Investment & Time)
Startup Fees to be Paid:	Cash	Check Charge Card Zipcode
Date Paid:	Exp. Date /	Card Signature:
3 Dig Security Code		