Print Form

MICROBUSINESS ENTERPRISE CENTER

Application for Entrance into MBEC Incubation Program

Personal Information

Title of Applicant: _____

Name of Applicant: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Highest Level of Education:

- Some High School ☐
- High School Diploma ☐
- Some College ☐
- College Degree ☐
- Graduate Degree ☐
- Doctoral Degree ☐

How did you hear about MBEC? _____

Have you ever been convicted of a felony in the past five years? Yes ☐ No ☐

If yes, please briefly explain:

_____

_____

_____

Business Information

Legal Business Name:					
Phone:		Fax:		E-Mail:	

Registered company address:

City:		State:		ZIP Code:	

Business E-Mail Address:

Business Website Address:

Date business established:

Corporate Structure

For-Profit:	Non-Profit:	Other:

Sole proprietorship:	Partnership:	Corporation:	Other:

Is your business name currently registered with the Secretary of State? Yes No

Business Tax I.D. Number (E.I.N):

Business License Number:

Dunn and Bradstreet Number: (if applicable)

How many current employees do you have?	Full-Time:	
	Part-Time:	
	Seasonal:	
	Other:	
	Total Employees:	
How many employees do you anticipate hiring in the next five years?	Full-Time:	
	Part-Time:	
	Seasonal:	
	Other:	
	Total Employees:	

Principal (s): (Owner, CEO, Partner, if applicable)

Name: Title:

Name: Title:

What is the amount and source of financing for the operation of your business?

Existing Loan

Cash Equity

Sales

Grant

Seed Fund

Private Investor

Are you currently seeking additional funding for your business? Yes ☐ No ☐

If yes, please state how much is needed and how you plan for obtaining the funds?

Do you currently have a business checking and/or savings account? Yes ☐ No ☐

Please state the name of your bank (and address if located outside of Albany, Georgia.)

Who does the company's general accounting?

How often are financial statements prepared?

Who is the company's insurance agent?

Business Products/Services

Briefly describe your product or services.

Please state the top three reasons that you are applying for the MBEC incubation Program.

List three business goals that will determine your successful completion of this program. (Ex. increase in service variation, Hiring of ten additional staff, increase in net worth from _ to _)

Applications will not be reviewed until entire application packet has been submitted. This includes:

1. Completed Application
2. Application Fee ($50.00)
3. Last two (2) years income tax returns
4. Complete business plan with financial statements.
5. Current marketing materials used by your company

By typing my name below and submitting this application, I certify to its accuracy and release this information to the Microbusiness Enterprise Center.

Applicant's Signature: _____ Date: _____