



Innovation Center Application

Name of Business _____

Contact _____ Title _____

Street Address _____ Email _____

City, State, Zip _____ Fax _____

Business/Mobile Phone _____ Home Phone _____

U.S. Citizen Yes No

If No, what is your status? _____

1. Is your business:
 New? Existing? Since _____

2. Describe your business or your business idea.

3. Describe the activities to be undertaken at the Innovation Center.

4. To date, has there been any financial investment in the business or product? If yes, what type; personal? bank? other? Explain below.

5. Describe your company's stage of development (Check one)

- Idea/Concept
- Operating (small scale)
- Operating outside this market

6. Is the company licensed to do business in New York?

- Yes
- No

7. What revenues from sales have been made to date? \$ _____

8. If sales revenues have been made, who are your major customers?

9. Estimate the total number of employees (including principals) anticipated.

At the time of occupancy:	Full Time _____	Part Time _____
One year later:	Full Time _____	Part Time _____
Two years later:	Full Time _____	Part Time _____
Three years later:	Full Time _____	Part Time _____

10. Does the company utilize outside professional advisors (i.e., accountants, lawyers, etc.)?

Yes _____

No _____

If Yes, please list below:

Please check and describe the services you will be seeking from the Innovation Center. (Innovation Center will be seeking community volunteers to help provide some of these services but they are not guaranteed. Your answers will help us seek out the right people with the right expertise)

Service Y/N Describe

Accounting		
Computer Assistance		
Financial Assistance		
Legal		
Marketing Assistance		
Product Assistance		
Technology Assistance		
Management		
Other		

11. Estimate the square footage required to conduct your business:

1st year Office _____ Manufacturing _____ Other (describe) _____
 2nd year Office _____ Manufacturing _____ Other (describe) _____
 3rd year Office _____ Manufacturing _____ Other (describe) _____

12. Does your on-site operation involve the use or production of hazardous material?
 Yes ___ No ___

Market Potential

13. Do you have a marketing plan? (If Yes, include with application.) Yes ___ No ___

14. Is there a working prototype of your product or service? Yes ___ No ___

15. Can your product or service be patented? Yes ___ No ___

16. How long has it taken to develop your product or service?

17. Have you performed a thorough cost analysis of producing a single unit of your product or service? (If Yes, include with application.) Yes ___ No ___

Operations

18. Do you require any specialized equipment or facilities? (If Yes, please describe below.) Yes ___ No ___

19. If you answered Yes to question #18 above, do you plan to purchase or lease this equipment?

Lease _____ or Purchase _____

20. In addition to the application, please provide the following documents with your application:

- a. Resumes of the principals involved.
- b. Business Plan (if available)

My signature below certifies that all of the information contained in this application is true and complete. I authorize the Greater Binghamton Innovation Center to verify information contained in this application by contacting bank, trade or other credit sources.

Signature

Date