



SUNY Fredonia Technology Incubator Application for Admission Tenant Program

The mission of the SUNY Fredonia Technology Incubator is to promote economic growth in the Western Southern Tier of New York by supporting entrepreneurship and the development of new, innovative, technology based companies into successful business ventures.

Name of Business: _____

Current Address: _____

Telephone: _____

Fax: _____

Website: _____

Year Started: _____

Incorporated in: _____

Type of Corporation: _____

Type of Business: _____

Annual Revenue: _____

Average Annual Growth: _____

Number of Employees: _____

Anticipated employment increase in the incubator (3 years): _____

Area of Technology: _____

Ownership: _____

Key Officers: _____

President/CEO: _____

Home Address: _____

Home Telephone: _____

Cell phone: _____

E-Mail: _____

*Describe your company including such information as current status, funding, management, product(s) and market opportunity (add an additional sheet, if necessary).

Give a brief history of the business and the background of the owners/principals.

Which services of the incubator do you see your company using?

What benefits do you expect to derive from participation in the incubator program?

The size and type of space you are looking for:

* Very important that prospective clients fill this area in detail so we know more about you business plans and ideas

Do you have any special requirements? (Power, HVAC, access, etc.)

Do you have a business plan in place for your business? Yes/No (If yes, please attach. Please note that, at a minimum, a business plan summary is required for acceptance into the program)

Are you or any of your employees currently employed by SUNY or have any other relationship to SUNY Fredonia? Yes/No If yes, please describe.

Please provide at least two business references (accountant, lawyer, etc.) and two credit references (bank, vendors, etc).

Name and address of your business bank:

I agree to the terms and conditions of participation into the Incubator Program including, but not limited to, those outlined below. I understand that:

1. Acceptance into the program is subject to policies and procedures set by Incubator Management and ratified by the Board. Applicants should note these policies are subject to change. Further, acceptance into the program requires execution of a formal lease agreement.
2. As a condition of continued tenancy, you will be required to complete a business plan within your first year in the program.
3. The offering of a specific service or space will be subject to availability, demand, staffing and the respective level of need of other clients.
4. The expectation is that the business will remain in the described region upon graduation from the program. Financial penalties related to the subsidized space and services provided by the incubator may be assessed if the business relocates outside of the described region within three years of graduation.
5. The applicant grants permission for a formal background and/or credit check prior to, and as a condition of, acceptance into the program of any/all owners or principals of the business.
6. All information disclosed in this application, as well as any information obtained during routine due diligence (per #5), shall be treated as confidential by the Incubator staff, affiliates, heirs and assigns except as the applicant explicitly permits.

Signature of Authorized Company Representative:

Print Name/ Title _____

Please return completed application to:

Director
SUNY Fredonia Technology Incubator
214 Central Avenue
Dunkirk, New York 14048

Action: _____ Date _____ By _____