

VIRGINIA HIGHLANDS SMALL BUSINESS INCUBATOR  
TENANT APPLICATION

*(All information in this document shall be considered confidential.)*

A Tenant Application, accompanied by a Business Plan and a set of Financial Projections, constitutes a complete Tenant Application Package. Complete Tenant Application Packages will be submitted to the Virginia Highlands Small Business Incubator Board of Directors for review. Assistance with completion of any portion of this application is available upon request.

**1. GENERAL INFORMATION**

Name of Applicant \_\_\_\_\_

Current Address \_\_\_\_\_

Former address (if less than 2 years at current address) \_\_\_\_\_

Telephone (h) \_\_\_\_\_ Telephone (w) \_\_\_\_\_

Applicant's Social Security # \_\_\_\_\_

Business Name \_\_\_\_\_

Business Federal Tax ID # \_\_\_\_\_

Type of Company \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC \_\_\_\_\_ LLP

\_\_\_\_\_ Subchapter S Corporation \_\_\_\_\_ Subchapter C Corporation

\_\_\_\_\_ Limited Partnership \_\_\_\_\_ General Partnership

Is the business currently in operation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, the year founded? \_\_\_\_\_

If no, where are you currently employed? \_\_\_\_\_

Do you currently have a business license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where? \_\_\_\_\_

**2. INFORMATION ON BUSINESS PRODUCT/SERVICE**

(Please attach a Business Plan as an Attachment to this Application.)

Briefly describe your product or service: \_\_\_\_\_

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Briefly describe the market for your product/services:

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In what geographic area are your customers located? \_\_\_\_\_

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Who are your principal competitors? \_\_\_\_\_

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What is your competitive advantage? \_\_\_\_\_

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How will you market and distribute your product or service?

\_\_\_\_\_ Direct Mail \_\_\_\_\_ Personal contacts made by owner

\_\_\_\_\_ Sales Force \_\_\_\_\_ Publication(s)

\_\_\_\_\_ Other (Please explain.) \_\_\_\_\_

**3. PRIOR BUSINESS EXPERIENCE**

Describe your past business experience that relates to your product/service.

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List names and titles of any other company officers or key personnel.

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(Please attach résumés of key personnel, if available.)

**4. BUSINESS SERVICE NEEDS**

What types of office support services does your business require?

Internet access  Email  Telephone  Fax Machine  
 Photocopier  Document Printer  Document scanner  
 Receptionist  Secretarial  Word processing  
 Mail handling  UPS / FedEx  Conference / training rooms  
 Other (Please explain.) \_\_\_\_\_

Do you currently have an accountant?  Yes  No

Do you currently have an attorney?  Yes  No

Do you need management assistance?  Yes  No

If yes, what type? \_\_\_\_\_

Do you need marketing assistance?  Yes  No

If yes, what type? \_\_\_\_\_

**5. FACILITY REQUIREMENTS**

Are you currently occupying a facility (either in your home or at a commercial location)?  Yes  No

If yes, what is your current square footage?

Office \_\_\_\_\_ sq.ft. Manufacturing \_\_\_\_\_ sq.ft.

What is your approximate monthly cost for this facility?

Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Please describe the machinery and equipment to be located on the Incubator premises and what service support is needed to maintain this equipment (i.e., required square footage, electrical load, venting, cooling, etc.)

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Will you require any of the following special facility needs?

\_\_\_\_\_ Loading docks \_\_\_\_\_ Warehousing / Storage \_\_\_\_\_ High voltage

\_\_\_\_\_ Liquids or chemical waste disposal \_\_\_\_\_ Other (Please specify.)

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If accepted as a Tenant in the Virginia Highlands Small Business Incubator, when will you want to start occupancy in the facility?

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How many total employees will be occupying the space?

	Current employees	First Year	Second Year	Third Year
Full Time	_____	_____	_____	_____
Part Time	_____	_____	_____	_____

## 6. FINANCIAL INFORMATION

(Please attach a set of Financial Projections for your business as an Attachment to this Application. Financial Projections should be completed for at least three years of anticipated future operation of your business.)

Are you currently seeking additional funding for your business?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state amount of funds needed: \$ \_\_\_\_\_

Where do you plan to obtain these funds? \_\_\_\_\_

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List your business's bank references. (Please include branch location and bank representative's name)

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7. SURVEY INFORMATION

How did you learn about the Virginia Highlands Small Business Incubator?

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How do you think your participation in the Incubator will benefit your business?

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*(READ CAREFULLY BEFORE SIGNING)*

I hereby apply for admission as a Tenant in the Virginia Highlands Small Business Incubator. I understand that the information contained in this application will be held in the strictest confidence. I understand that, as part of the screening process, my credit history and financial references may be investigated. I further understand that this application is subject to review and in no way guarantees my admission to the Virginia Highlands Small Business Incubator, and that no liability will be assumed by the Virginia Highlands Small Business Incubator. The Board of Directors of the Virginia Highlands Small Business Incubator retains sole and exclusive authority to accept or reject Tenant Application Packages. If accepted, tenants are required to complete a separate Tenant Lease Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this application to:

Virginia Highlands Small Business Incubator  
851 French Moore, Jr Blvd.  
Abingdon, VA 24210  
Telephone: (276) 492-2062  
Fax: (276) 698-3070