

# MUSKINGUM COUNTY BUSINESS INCUBATOR APPLICATION

MCBI Use Only  
Reference # \_\_\_\_\_

Date: \_\_\_\_\_

How did you learn about MCBI? *(Be specific, i.e., bank, newspaper article, individual, website)*

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

SSN: \_\_\_\_\_ EIN: \_\_\_\_\_

Type of Business:  Service  Light Manufacturing  Technology  Other Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe the business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been in business? \_\_\_\_\_

If you are in the conceptual stage how long have you been working on this endeavor? \_\_\_\_\_

Legal Entity (proposed):

- LLC
- Proprietorship
- Partnership
- Corporation

Number of employees (if applicable): Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

List the name(s) of the principal(s):

NAME	ADDRESS	PHONE	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What type of business assistance are you seeking from MCBI?

- Technical or management assistance
- Incubator space
- Affiliate program

What is your business background? How does it help in developing this business?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is (will be) the primary source of financing for your business?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

