

GOSHEN ENTERPRISE CENTER – TENANT APPLICATION

GCEDC -- PO Box 580
Torrington, WY 82240
(307) 532-5162

GENERAL CONTACT INFORMATION							
BUSINESS NAME							
ADDRESS				FOR INTERNAL USE ONLY			
CITY/STATE/ZIP				Project ID#			
CONTACT				Date application received			
PHONE/FAX				Date approved			
EMAIL				Suite Assigned			
FEDERAL TAX ID				Deposit Amount			
DATE BUSINESS ESTABLISHED				Rental Amount			
LEGAL STRUCTURE							
BUSINESS OWNERSHIP INFORMATION							
KEY OWNER'S NAMES		% OWNERSHIP	SOURCE OF FUNDS:		AMOUNT:		
					\$		
					\$		
					\$		
KEY ADVISORS							
		NAME	FIRM/COMPANY		PHONE NUMBER		
ACCOUNTANT							
ATTORNEY							
INSURANCE AGENT							
BANKING INFORMATION							
LOAN TYPE:	PART OF CONSTRUCTION FINANCE:	YES	NO	OR	PERMANENT FINANCE:	YES	NO
FINANCIAL INSTITUTION		CONTACT PERSON		PHONE NUMBER			
TRADE REFERENCES							
NAME		FIRM/COMPANY		PHONE NUMBER			
EMPLOYEE INFORMATION (FT = Full Time PT = Part Time)							
CURRENT EMPLOYEES	FT		AVG SALARY		PT		AVG SALARY
AFTER 1 YEAR	FT		AVG SALARY		PT		AVG SALARY
AFTER 2 YEARS	FT		AVG SALARY		PT		AVG SALARY
TOTALS	FT		AVG SALARY		PT		AVG SALARY

APPLICANT CERTIFIES that he/she is duly authorized to verify the foregoing application, that applicant has read the same and is familiar with the statement contained herein and that the same are true in substance and in fact.

SIGNATURE _____ DATE _____
 PRINTED NAME _____ TITLE _____

ATTACHMENTS:

Business Plan Executive Summary

Release Form

Brochures or other marketing materials

Other _____

NARRATIVE:

How did you hear about the incubator?

Why do you want to locate in the incubator?

How long do you anticipate staying in the incubator (maximum of 3 years)?

What is long-term vision for your company?

Are the principals of the business employed elsewhere? ___ If yes, please indicate when they will make a full-time commitment to this business venture:

If your business does not enter the incubator, what alternatives have you explored?