



Client Application

COMPANY NAME: _____
OWNER(S): _____
E-MAIL ADDRESS: _____
WEBSITE: _____
ADDRESS: _____
SOCIAL MEDIA Facebook Page _____
Twitter Handle _____
SSN: _____
HOME PHONE: _____ CELL PHONE: _____
SUITE NUMBER: _____
DEPOSIT CHECK # _____

Are you currently in business? Yes No

Date this business began or planned start-up date: _____

If already in business, are you working: out of your home? have office space?

Type of Business: Manufacturing Service Distribution Other
Form of Business: Proprietorship Partnership Corporation LLC
Owner/Titles: _____

Number of Personnel: _____

Space requirements/square footage needed: Office _____ Mfg. _____

How do you see the INCubator assisting you?

Do you have a written business plan? Yes No

Do you need assistance in preparing a business plan? Yes No

NOTE: Please make check(s) payable to Chattanooga Chamber Foundation.

In one brief paragraph, please give a description of your company:

Initial start-up capital: 0 - \$20,999 \$21,000 - \$50,999
 \$51,000 - \$100,999 over \$101,000

What are the objectives of the business for the next two years?

Anticipated move-in date? _____

Name, address & telephone number of three credit and/or personal references:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>TYPE OF REFERENCE</u>

Date application completed: _____

List any flammable, volatile, toxic chemicals or other hazardous materials you propose to use on site at any time:

List details of your hazardous waste disposal methods (if applicable):

All Hazardous waste must be disposed of in accordance with Tennessee and Federal regulations.