

BUSINESS INCUBATOR AT BRENAU UNIVERSITY



ENROLLMENT APPLICATION

For enrollment consideration, please complete this form and email to mthomas@brenau.edu or mail to:

Matt Thomas
Vice President for External Relations
Brenau University
500 Washington Street SE
Gainesville, GA 30501

I. General information

Name of applicant: _____

Current address: _____

Former address: _____

(If less than two years at current address)

Telephone: Home _____ Work _____

Social Security number: _____

Business name: _____

Type of company: ☐ Sole proprietorship ☐ Corporation (C or S) ☐ Partnership

Federal Tax ID number (if incorporated): 58- _____

Is business currently in operation? ☐ Yes ☐ No

If yes, year business founded: _____

If no, where are you employed? _____

Do you currently have a City of Gainesville business license? ☐ Yes ☐ No

Do you have a business plan? ☐ Yes (if yes, please attach) ☐ No



II. Information on business procedure/service

1. Briefly describe your product or service:

2. Briefly describe the market for your product/service (your target customer):

3. In which geographic areas are your customers located?

4. Why do you have a competitive advantage?

5. How do you market and distribute your product or service?

- ☐ Direct mail ☐ Personal contacts made by owner
☐ Salesforce ☐ Publication advertising
☐ Other (please describe) _____



III. Business experience

1. Describe your past experience that relates to your product/service and the length of that experience (attach resume, if available).

2. List names and titles of any other officers or key personnel (attach resume, if available).

IV. Business service needs

1. What type(s) of office support services are you interested in?

- ☐ Receptionist
☐ Secretarial/word processing
☐ Computer
☐ Copier
☐ Fax machine
☐ Mail handling
☐ Conference room
☐ Other (please describe) _____

2. Do you currently have an accountant? ☐ Yes ☐ No

If yes, please list name and address: _____



3. Do you currently have an attorney? ☐ Yes ☐ No

If yes, please list name and address: _____

4. Do you need management assistance? ☐ Yes ☐ No

If yes, what type? _____

5. If a three-member advisory board of local business professionals is available to assist you, what areas of expertise would you be interested in having representation on your advisory committee? (e.g., clerical, marketing, accounting, legal, computer, engineering, etc.)

V. Facility requirements

1. 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: _____ square feet

Manufacturing: _____ square feet

What is your approximate monthly cost for this facility?

Rent: _____

Utilities: _____

2. How much square footage does your business require?

Office: _____ square feet

Manufacturing: _____ square feet



3. How much square footage will your business require by the end of one year?

Office: _____ square feet

Manufacturing: _____ square feet

4. If you require something other than office space, please describe the machinery and equipment to be located on the premises and what service support is needed to maintain the equipment (e.g., electric load, venting or cooling).

5. What is your capacity need for:

Electricity: _____ Natural gas: _____ Water/sewer: _____

6. If accepted as a tenant, when would you want to start occupancy in the facility? _____

7. How many total employees will be occupying space?

	Current	1 year	2 years
Full-time	_____	_____	_____
Part-time	_____	_____	_____

8. List any flammable, volatile or toxic chemicals you have on site at any time:

9. How will you dispose of hazardous materials that cannot be placed in the sewer system, trash dumpster or landfill?

VI. Other

1. How did you learn about the Business Incubator?



2. How do you think participation in this center would benefit your business?

3. Please attach a brief narrative that generally describes your business, market and operational plan.

VII. Business financial information

1. What are your projections for total gross sales volume?

Year 1 \$ _____

Year 2 \$ _____

Year 3 \$ _____

2. What is the amount and source of financing for operating your business?

☐ Existing loan(s) amount \$ _____

☐ Cash/equity account \$ _____

☐ Operating expenses are/will be covered by sales

3. Are you currently seeking funds for your business? ☐ Yes ☐ No

If yes, please state funds needed (amount and duration): _____

Where do you plan to obtain these funds?

4. Please list your business bank references. Include branch location and representative's name.



5. Please complete the attached cash-flow projection and return with application.

I am applying for admission to the Business Incubator at Brenau University. I understand that as a part of the screening process my credit history and financial references may be investigated, but the information contained in this application will be held in strict confidence. In that this application is subject to review, no liability will be assumed by Brenau University, and no guarantee of admission has been made.

Signature: _____

Date: _____

Completed application should be returned to:

Matt Thomas
Vice President for External Relations
Brenau University
500 Washington Street SE
Gainesville, GA 30501
Email: mthomas@brenau.edu

Attachments: Personal financial statement

Vice president comments and recommendations:

Signed: _____

Matt Thomas, Vice President for External Relations



Business Incubator Advisory Board comments:

Business Incubator Advisory Board recommendation:

☐ Accepted ☐ Rejected ☐ Held in abeyance

Signed: _____ Name: _____

Signed: _____ Name: _____

Signed: _____ Name: _____

Administrative recommendation:

☐ Accepted ☐ Rejected ☐ Held in abeyance

Signed: _____ Name: _____

Matt Thomas
Vice President for External Relations

☐ Accepted ☐ Rejected ☐ Held in abeyance

Signed: _____ Name: _____

Anne A. Skleder, Ph.D.
President