



# CLIENT APPLICATION

## I. General Information

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

Date Formed: \_\_\_\_\_ Taxpayer I.D. #: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Current Business License?  Yes  No

If yes, locality: \_\_\_\_\_

Business Structure:  Individual/ Sole Proprietor  Corporation  
 LLC  Sub S Corp.  Partnership

### Principal Business Owner(s) (Use additional pages if required)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ownership %: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Is business currently in operation?

Yes If yes, year business founded: \_\_\_\_\_

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

Do you have a business plan?

\_\_\_\_\_ Yes    If yes, please attach business plan

\_\_\_\_\_ No\*    If no, please note that the application is not complete without a business plan.

Do you have general liability insurance coverage?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, name of company: \_\_\_\_\_

**II. Information on Business Product/Service**

Briefly describe your product or service: **(Use additional pages if required)**

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Briefly describe the market for your product/service (your target customer): **(Use additional pages if required)**

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In what geographic area(s) are the majority of your customers located? **(Use additional pages if required)**

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Who are your competitors? (Name at least two)

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Why do you think you have a competitive advantage? **(Use additional pages if required)**

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How do you (or plan to) market and distribute your product or service? Check all that apply.

Direct Mail     Networking     Social Media     Website     Radio Advertising  
 Sales Force     Magazine Advertising     Newspaper Advertising     Business to Business  
 Other: (Please list) \_\_\_\_\_

**III. Business Experience**

Describe your experience that relates to your product/service and the length of that experience (attach resume if available):

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List the names and titles of any other officers or key personnel (attach resumes if available):

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**IV. Business Service Needs**

Telecommunication needs:

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How many phone lines?

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How many internet access connections?

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What types of support services are you interested in? Check all that apply.

\_\_\_\_\_ Receptionist      \_\_\_\_\_ Secretarial/Word Processing

\_\_\_\_\_ Copier              \_\_\_\_\_ Fax Machine

\_\_\_\_\_ Mail Handling      \_\_\_\_\_ Conference Room Access

\_\_\_\_\_ Computer          \_\_\_\_\_ Other

Do you currently have an accountant?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you currently have an attorney?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you need marketing assistance?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

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

**V. Facility Requirements**

Are you currently occupying a facility (either in your home or at a commercial location)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, what is the current square footage?

Office: \_\_\_\_\_ ft<sup>2</sup>

What is the approximate monthly cost for this facility?

Rent: \$\_\_\_\_\_ Utilities: \$\_\_\_\_\_

How many square feet of space does your business require?

Office: \_\_\_\_\_ ft<sup>2</sup>

If accepted as a client, when would you want to start occupancy in the facility? \_\_\_\_\_/\_\_\_\_\_

How many employees will be occupying the space?

	Current	1 Year	2 Years
Full-time	_____	_____	_____
Part-time	_____	_____	_____

If accepted into the Franklin Business Incubator program, how long do you plan to stay?

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**VI. Other**

How did you learn about the Franklin Business Center?

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How do you think your participation in the Franklin Business Center's incubation program will benefit your business?

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**VII. Business Financial Information**

Initial Capitalization: (Check One)

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$50,001 to \$100,000  |
| <input type="checkbox"/> \$10,001 to \$25,000 | <input type="checkbox"/> \$100,001 to \$500,000 |
| <input type="checkbox"/> \$25,001 to \$50,000 | <input type="checkbox"/> Over \$500,000         |

What are your projections for total gross sales volume?

Year 1: \$ \_\_\_\_\_ Year 2: \$ \_\_\_\_\_ Year 3: \$ \_\_\_\_\_

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

- |   |                  |
|---|------------------|
| <input type="checkbox"/> Existing Loan(s) | Amount: \$ _____ |
| <input type="checkbox"/> Cash/Equity      | Amount: \$ _____ |
| <input type="checkbox"/> Other            | Amount: \$ _____ |

Operating Expenses are/will be covered by sales

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? \_\_\_\_\_

Please list your personal or business' bank information as follows:

Bank Name/Branch	Phone #	Representative's Name
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**VIII. References**

Please provide three (3) professional references as follows:

Person's Name	Address/City/State	Phone #	E-mail
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I, the undersigned, am applying for admission to the Franklin Business Center. I understand that the information contained in this application will be held in the strictest of confidence. I understand that, as a part of the screening process, my credit history and financial references may be investigated. By signing this document, I give authorization to the staff at Franklin Southampton Economic Development, Inc. to do so. I understand that this application is subject to review in all areas and in no way guarantees my admittance to this program and that no liability will be assumed by the Franklin Business Center.

Signature: \_\_\_\_\_

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