



Owatonna Business Incubator

The information requested here will assist both the Incubator and your business in determining if the Incubator facility is appropriate for the long-term successes of the Incubator and you.

It is essential that the information contained within this application is current and timely. All contacts and correspondence are considered confidential unless otherwise stipulated by the prospective tenant. Please contact the Incubator staff if you have questions or need help in completing the application.

Legal Name of Business: _____

Street Address: _____

City: _____ Zip: _____

Current Telephone Number: _____

Business Start-up: Yes or No

Existing Business: Year established: _____ Number of Employees: _____

Type of Business:

Sole Proprietorship _____

Partnership _____

Corporation _____

List Owner (O) / Partners (P) / Stockholders (S). Indicate O, P, S.

Name* O, P, S

* Please provide as an attachment to this application, a brief paragraph on each individual listed above as owner and management personal detailing technical, educational and professional backgrounds.

Briefly describe the nature of your business - it's products, services, and the market you are targeting or will target.

Banking Reference: Is this a business _____ or personal _____ reference?

Bank: _____ Contact Individual: _____

Address: _____ City/State: _____ Zip: _____

Telephone: (____) _____

Check all that apply: Checking: _____ Savings: _____ Loan: _____

Approximate amount of space you will need: Office: _____ sq. Ft.

Manufacturing: _____ sq ft.

List any special needs your business may have in locating in the Incubator.
