



Application Form

This assessment is used in part to determine the eligibility for residence in the Incubator. Additional information may be required as part of the application process. Proprietary information will be treated as confidential.

Name of Company:	
Applicant First Name:	
Applicant Last Name:	
Company Address:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip:	
Business Telephone:	
Fax Number:	
Company Website:	

Please mark the appropriate box.

Business Structure:	<input type="checkbox"/>	Sole Proprietorship
	<input type="checkbox"/>	Incorporated
	<input type="checkbox"/>	Partnership
	<input type="checkbox"/>	LLC

Indicate your willingness to:

Participate in quarterly business reviews:	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
Submit quarterly reporting:	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes
Receive guidance from Business Professionals:	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes

Business Plan

Do you have a formal business plan for your company?	<input type="checkbox"/>	No, a business plan is not complete
	<input type="checkbox"/>	Yes, a business plan is complete



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History of Business:

What type of business activity do you plan to conduct in the Incubator?

Please provide detailed information on financing received to date:

Financing needed for the next 36 months of operation? (Indicate amounts and sources):

Do you have company insurance?		No
	x	Yes

If you have insurance please provide details of the Insurance Providers, Type of Policies, and Coverage Amounts:

PRAXIS CENTER

for Venture Development



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List all officers (as of date of application):

Officer 1	
Name:	
Title:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	
Officer 2	
Name:	
Title:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	
Officer 3	
Name:	
Title:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	
Officer 4	
Name:	
Title:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Email:	



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What are the major risks that could keep your business from being successful?

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Who will be responsible for the applicant company's operations at the Incubator?

Primary Contact	
Name:	
Title:	
Phone:	
Address:	
City:	
State:	
Zip:	
Email:	
Secondary Contact	
Name:	
Title:	
Phone:	
Address:	
City:	
State:	
Zip:	
Email:	

Present number of employees:	
Projected number of employees to be on site at the end of one year:	[]
Projected number of employees to be on site at the end of the second year:	[]
Projected number of employees to be on site at the end of the third year:	[]

When do you desire to begin a lease (date)?	
How much space do you need initially? (# of sq.ft.)	
Number of labs:	
Number of offices:	

Based on your growth plan mentioned above, will you need additional space? If so, please provide details:

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List any specialized office equipment or machinery that requires special facilities:

Will you be using any flammable, volatile, or toxic chemicals on site at any time? Please list, and describe in detail the methods, procedures and requirements involved:

Does your company have a system in place for disposing of your hazardous materials that cannot be legally placed in the sewer system, trash dumpster or landfill?

Attorney Information	
First Name:	
Last Name:	
Address:	
City:	
State:	
Zip:	
Accountant/Tax Specialist Information	
First Name:	
Last Name:	
Address:	
City:	
State:	
Zip:	
Banker/Financial Institution	
First Name:	
Last Name:	
Address:	
City:	
State:	
Zip:	



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List three credit references who may be contacted on a confidential basis:

Reference 1	
Name:	
Principal Contact:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Website:	
Reference Type:	Business
	Personal
Reference 2	
Name:	
Principal Contact:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Website:	
Reference Type:	Business
	Personal
Reference 3	
Name:	
Principal Contact:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Website:	
Reference Type:	Business
	Personal



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Certification and Release

All of the statements made in this assessment are true, accurate, and complete to the best of my knowledge. I understand that any false statement or material omission may lead to the disqualification of this assessment, or eviction from the Incubator if admitted to the program.

Further, I understand this assessment will require additional supporting materials and may be reviewed by additional Incubator Staff and the Praxis Center Advisory Board, and I release the information for examination by those individual

Finally, I authorize the Incubator and/or its staff or designated agents to contact references given, as well as to secure credit reports on the entity applying for residency.

I agree:

Date

Print Name

Please return completed form to:

Director
Praxis Center for Venture Development
350H Duffield Hall
Cornell University, Ithaca, New York 14853
Praxis_Center@cornell.edu