



**CITY OF SAN LUIS  
BUSINESS/INDUSTRIAL INCUBATOR FACILITY  
TENANT APPLICATION**

**GENERAL INFORMATION**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

**INFORMATION ON BUSINESS PRODUCT/SERVICE**

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

Type of Business:

<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Subchapter S
<input type="checkbox"/>	Limited Liability Corporation	<input type="checkbox"/>	

Business Status:

<input type="checkbox"/>	Existing Business	Date Started	<input type="checkbox"/>
<input type="checkbox"/>	New Business	Projected Start Date	<input type="checkbox"/>

Do you have a business license with the City of San Luis? \_\_\_Yes (If yes, please attach) \_\_\_No

Do you have a business plan? \_\_\_Yes (If yes, please attach) \_\_\_No

Briefly describe your product or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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In what geographic areas are your customers located?

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### **BUSINESS EXPERIENCE**

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

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### **BUSINESS SERVICE NEEDS**

What types of office support services are you interested in?

Receptionist       Secretarial/Word Processing       Fax Machine  
 Copier       Mail Handling       Conference Room  
 Computer       Other \_\_\_\_\_

Do you currently have an accountant?  Yes  No

Do you currently have an attorney?  Yes  No

Do you need management assistance?  Yes  No

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

Do you need marketing assistance?  Yes  No

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

### **FACILITY REQUIREMENTS**

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: \_\_\_\_\_ Sq. Ft.

Manufacturing: \_\_\_\_\_ Sq. Ft.

Distribution/Warehouse: \_\_\_\_\_ Sq. Ft.

What is your approximate monthly cost for this facility? Rent: \$\_\_\_\_\_ Utilities: \$\_\_\_\_\_

How many square feet of space does your business require? Office: \_\_\_\_\_Sq. Ft.

Manufacturing: \_\_\_\_\_Sq. Ft.

Distribution/Warehouse: \_\_\_\_\_Sq. Ft.

Please describe the machinery and equipment to be located on the premises and what service support is needed to maintain this equipment (i.e., electrical load, venting, and cooling).

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Please provide a list of all chemicals or items, including quantities, to be stored in the leased area. (if a list is available, please attached).

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Describe the type of waste you will dispose at the site.

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What are the projections for employees for the next five years?

	Current	1 Year	2 Year	3 Year	4 Year	5 Year
Full-Time						
Part Time						

### **OTHER**

How did you learn about the City of San Luis Business/Industrial Incubator?

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### **BUSINESS FINANCIAL INFORMATION**

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

\_\_\_\_\_ Existing Loan(s) Amount \$ \_\_\_\_\_

\_\_\_\_\_ Cash/Equity Amount \$ \_\_\_\_\_

\_\_\_\_ Operating Expenses are/will be covered by sales \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

Does your business require additional financing and, if so, what amount/type of financing is planned? Timing for additional financing? Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Once the application has been considered for further review; the City of San Luis Community Development Department will request that you complete a 3-year cash flow projection. (If that is available, please include with your application.)

Applicant understands that the information provided above will be used for evaluation purposes. Submission of this application is only to allow the management team of the City of San Luis Business/Industrial Incubator Facility to consider leasing space and/or extending services to the listed applicant. In no way does the issuance or acceptance of an application guarantee that a lease proposal will be extended and/or ratified. Applicant hereby certifies that to the best of its/his/her knowledge all the information herewith contained is true and accurate. Applicant understands that additional information may be required to process this application.

Applicant's Signature: \_\_\_\_\_

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

Checklist

(The following documents are attached)

\_\_\_\_ Business Plan    \_\_\_\_ Resume(s)    \_\_\_\_ 3-year Cash-flow projection (if available)  
\_\_\_\_ Floor Plan    \_\_\_\_ List of materials    \_\_\_\_ Other \_\_\_\_\_

**Please return to:**

**City of San Luis  
Community Development Department  
1090 E. Union Street/P.O. Box 1170  
San Luis, AZ 85349  
Telephone: (928) 341-8584  
Fax: (928) 341-8549**

