



SAN LUIS BUSINESS INCUBATOR TENANT APPLICATION

GENERAL INFORMATION

Name of Applicant _____ Date of Birth _____
Physical Address _____
City _____ State _____ Zip _____
Telephone: Home _____ Business _____ Wireless _____
Fax _____ Alt. Phone _____ Email _____
Mailing Address (if different from above) _____
Social Security No. _____ Driver's License No. _____ State _____

INFORMATION ON BUSINESS PRODUCT/SERVICE

Business Name _____

Type of Business

Sole Proprietorship Corporation Partnership S Corporation Limited Liability Corporation (LLC)

Business

New Business Projected Start Date _____

Existing Business Date Started _____

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:



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

In what geographic areas are your customers located?

BUSINESS EXPERIENCE

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

BUSINESS SERVICE NEEDS

- Receptionist Secretarial/Services Fax machine
 Copier Mail handling Conference room
 High Speed Internet Service Other, please specify: _____

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? _____



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FACILITY REQUIREMENTS

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

Yes No Address/Specify Location? _____

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)

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

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

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

	Current	1st Year	2nd Year	3rd Year	4th Year	5th Year
Full-Time						
Part-Time						

OTHER

How did you learn about the City of San Luis Business 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 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 Incubator 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.

Privacy Statement

All information contained in this application will be kept strictly confidential and will not be sold, reused, rented, loaned or otherwise disclosed. Any information you give us will be treated with the utmost care and will not be used in ways that you have not consented to.

Applicant's Signature _____

Date _____



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CHECKLIST

The following documents are attached:

- Resume List of materials and equipment to be stored on site Personal credit report
 Three professional references Business plan (if available) Copy of COSL Business License

Please return to:

**City of San Luis
Business Incubator**
415 N Henry Chavez Court / P.O. Box 1175
San Luis, AZ 85349
Telephone: (928) 627-1627
Fax: (928) 627-2166

Or email to:
rmartinez@sanluisaz.gov