



SMARTstart BUSINESS INCUBATOR PROGRAM APPLICATION

COMPANY INFORMATION

Business Name: _____

Federal Tax ID #: _____ Business Phone Number: _____

Current Business Address: _____

Web Address: _____ E-Mail Address: _____

- Type of Business Structure:
- | | |
|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> C – Corporation | <input type="checkbox"/> S - Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Liability Company |

Date Company was established: _____

How did you hear about the Incubator? _____

What type of incubation services are you interested in (please see description of service)?:

- Onsite Member (Full Residency Program) Offsite Member (Affiliate Nonresidential Member)
- Getting access to free business assistance and events through the Pasco Enterprise Network

REQUIRED STATISTICAL INFORMATION

Business Owned By:

| | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Female (100%) | <input type="checkbox"/> Female (At least 51%) | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Male (100%) | <input type="checkbox"/> Male (At least 51%) | <input type="checkbox"/> Disabled |

Minority Owned Business: Yes No

Dollar amount of Last Quarter's Sales: \$ _____

Dollar amount of Monthly Payroll: \$ _____

Number of Current Employees: _____ Full Time (Include Owners) _____ Part Time

_____ Total Employment



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BUSINESS RELATIONSHIPS

Commercial Bank (Company name and contact): _____

Phone #: _____ Location: _____

Legal Representation (Company name and contact): _____

Phone #: _____ Location: _____

Accountant (Company name and contact): _____

Phone #: _____ Location: _____

Insurance Provider (Company name and contact): _____

Phone #: _____ Location: _____

OWNERSHIP INFORMATION (Use separate sheet to list additional owners)

Owner's Name #1: _____ Title: _____

Address: _____

Phone #: _____ Social Security Number: _____

% of Ownership: _____ Personal Annual Income: _____

Does this Owner have any active or inactive businesses registered with the Florida Department of State, Division of Corporations? Yes No

If yes, please provide a list of all active and inactive business entities:



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Owner's Name #2: _____ Title: _____

Address: _____

Phone #: _____ Social Security Number: _____

% of Ownership: _____ Personal Annual Income: _____

Does this Owner have any active or inactive businesses registered with the Florida Department of State, Division of Corporations? Yes No

If yes, please provide a list of all active and inactive business entities:

Owner's Name #3: _____ Title: _____

Address: _____

Phone #: _____ Social Security Number: _____

% of Ownership: _____ Personal Annual Income: _____

Does this Owner have any active or inactive businesses registered with the Florida Department of State, Division of Corporations? Yes No

If yes, please provide a list of all active and inactive business entities:

PRODUCT / SERVICE INFORMATION

Describe your products / services and attach any product / service literature: _____



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Is the entity or any of its owners a patent holder?

Yes

No

If yes, please describe: _____

Does your entity require any special electrical considerations?

Yes

No

If yes, please describe: _____

Does your entity require any special real estate consideration?

Yes

No

If yes, please describe: _____

MEMBERSHIP ELIGIBILITY CRITERIA

- Must be registered with the State of Florida (SunBiz) as a Pasco company.

REQUIRED INFORMATION

All documentation must be provided at time of acceptance into the SMARTstart Incubation Program.

Do you agree to provide a copy of your FL Department of State, Division of Corporations record?

Yes No

Do you agree to provide a copy of your Credit Report (must be no more than 6 months old)?

Yes No

Do you agree to provide a copy of your Pasco County business tax receipt (BTR)?

Yes No

Do you agree to provide a copy of your City business license? *(If applicable)*

Yes No

Do you agree to provide a Certificate of Liability Insurance?

Yes No

Do you consent to a background check?

Yes No

**If license is not applicable, member must supply proof from Pasco County and/or City that a license is not required.*



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BUSINESS SUMMARY

The following questions are intended to provide a summary of your business. **These questions should be answered and submitted to the Pasco Economic Development Council, Inc. as part of the application for acceptance into the SMARTstart program in a separate document in lieu of an official business plan.** The answers should provide enough detail to allow an understanding of your business but be no more than five typewritten pages.

1. WHAT WE DO

Provide a description of the business, including the range of products and/or services offered. Describe the significant problem that your business addresses.

2. HOW WE DO IT – WHAT MAKES US UNIQUE?

Describe the key factors that differentiate your business. How will you gain, sustain and grow a market position? How do you gain market share with the market and maintain growth?

3. HOW WE MAKE MONEY

Describe the revenue model for the business. Provide details of the primary revenue source and mention others if appropriate.

4. WHO ARE OUR CUSTOMERS AND PARTNERS?

Describe the market, the purchase decision makers in the market, the sales and distribution channel(s), and the sales cycle. Ensure that the information is specific to *your* business opportunity vs. a generalization of the industry.

5. HOW LARGE IS THE MARKET OPPORTUNITY?

What is the size of the specific market and how much can you expect to capture annually over the next few years? Provide the source of your research/data.

6. WHAT ARE THE COMPETING SOLUTIONS?

Describe the alternative products and suppliers that offer your customers a solution. Describe how your solution is superior to the competition.

7. WHEN WE EXPECT TO BE SUCCESSFUL

Describe the major milestones and challenges for developing the business. Provide a forecast of the number of new employees you will have in your business of the next 2 years.

8. WHO WE ARE

Describe the principal participants in the business and the positions that need to be filled. What specific strengths and resources does your team bring to the opportunity? What makes you, as individuals, unique?



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ACKNOWLEDGMENT & SIGNATURES

The information in this application is provided for the purpose of applying for membership under the SMARTstart Incubation Program. The information is accurate to the best of the applicant's knowledge. The applicant understands that personal and / or business information may be requested pursuant to this application and hereby grants consent for such information to be provided to Pasco Economic Development Council, Inc. (Pasco EDC), By signing this application, the applicant(s) understand that they are giving Pasco EDC permission to obtain a consumer credit report and a background check for all business owners that may be reviewed and evaluated pertaining to this application. The applicant understands that Pasco EDC retains sole decision whether this application is approved, declined or modified.

Completion and submission of the application by the applicant to Pasco EDC is merely a request for entrance and shall not be construed as an approval nor a commitment by Pasco EDC to accept applicant as a member.

Reasons for declination may include, but are not limited to: non-scalable business model, decline consent to criminal background check or credit report, decline or unable to provide required documentation, violent or financial crime background, headquarters of company not based in Pasco County, exit strategy of incubator greater than 3 years, business or business owner cannot be engaged in any illegal activity (as defined by Federal guidelines), business cannot be of a prurient sexual nature, or derive directly or indirectly through the sale of products or services of a prurient sexual nature.

The applicant agrees to hold harmless Pasco EDC, its staff, employees, agents, volunteers, officers, and trustees from any and all claims, injury, cause of action whatsoever, whether previously, now or hereafter incurred, from any acts or omissions by Pasco EDC, its staff, employees, agents, volunteers, officers, and trustees pursuant to any technical assistance provided.

The applicant agrees that Pasco EDC assumes no responsibility for the success or failure of the applicant's existing or proposed business venture. The role of Pasco EDC is consultative in nature and any advice or information offered may or may not be used per the applicant's discretion. Therefore, the applicant releases the Pasco EDC and its staff, employees, agents, volunteers, officers, and trustees from any liability associated with the applicant's existing or proposed business venture."

| | |
|-----------------------|-------------------|
| Name of Entity: | _____ |
| Authorized Signature: | _____ |
| Printed Name: | _____ Date: _____ |
| Authorized Signature: | _____ |
| Printed Name: | _____ Date: _____ |
| Authorized Signature: | _____ |
| Printed Name: | _____ Date: _____ |