



THE ENTREPRENEURIAL INSTITUTE

At MetroBroward

The Journey to Small Business Success Begins Here

In Partnership With



SMALL BUSINESS ENTERPRISE CENTER TENANT APPLICATION

INSTRUCTIONS

1) Complete the attached application.

2) Include the following items with your application:

- Resumes of all active principals.
- Personal financial statement.
- List of three personal references.
- Credit and background verification fee of \$50.00
- Business Plan or Executive Summary – Documents must address market analysis, financial projections, funding requirements, background on management team, and milestones to reach while at the SBEC.

3) Submit the above materials to:

Metro Broward Economic Development Corporation
ATTN: Small Business Enterprise Center Tenant Application
3800 W. Broward Boulevard
Ft. Lauderdale, FL 33312

Please allow 1 week for application processing. Please contact the SBEC at (954) 587-3755 should you want to follow-up on the status of your application.

TENANCY APPLICATION**I. BACKGROUND**

Name of Business: _____ (Applicant Company)

Contact (Official Representative)

Title

Street Address

E-mail

City, State, Zip

Fax

Business Number

Home Number

Federal Tax ID Number

1. Is your business: New ____ or Existing ____

Since _____

2. Form of Business: (Check one)

 Partnership Sub "S" Corporation Corporation Sole Proprietor LLC Other _____

3. Describe your business, its products and services, and the technology on which it is based:

4. Describe activity to be undertaken at the incubator.

5. Estimate the investment to date in the business and the source of funds:

<u>Sources</u>	<u>Amount</u>
Loan	\$ _____
Personal Resources	\$ _____
Private Investors	\$ _____
Government Grant or Contract	\$ _____

6. Describe the additional funding requirements of the business and your plans for obtaining those funds. (Please attach additional sheets as necessary)

II. COMPANY AND MANAGEMENT TEAM

7. Describe your company's stage of development: (check one)

Idea or Concept	_____	Field Trials	_____
Research	_____	Production	_____
Prototype Development	_____	Marketing	_____

8. Is the company licensed to do business in FL? Yes _____ No _____

9. Do you have a Broward County occupational license? Yes _____ No _____

10. Do you have a Ft. Lauderdale occupational license? Yes _____ No _____

11. How long has the current management team been in place? _____

12. What revenues from sales have been made to date? \$ _____

13. List the individuals that will serve as your company's Officers and Board of Directors including their position, qualifications, background and education. List how they are involved in daily operations.

<u>Individuals</u>	<u>Position</u>	<u>Qualifications</u>
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A.

Active: Yes _____ No _____

Background & education:

<u>Individuals</u>	<u>Position</u>	<u>Qualifications</u>
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B.

Active: Yes _____ No _____

Background & education:

<u>Individuals</u>	<u>Position</u>	<u>Qualifications</u>
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C.

Active: Yes _____ No _____

Background & education:

<u>Individuals</u>	<u>Position</u>	<u>Qualifications</u>
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D.

Active: Yes _____ No _____

Background & Education:

11. Are any owners or officers of the company MetroBroward Loan clients? Yes _____ No _____

12. Have any officers or directors ever been convicted of a crime? Yes _____ No _____

Any pending litigation? Yes _____ No _____

Explain:

13. Estimate the total number of employees (including principals) anticipated.

	Full-time	Part time
At the time of occupancy:	_____	_____
One year later:	_____	_____
Two years later:	_____	_____

14. Does the company currently utilize outside professional advisors (i.e., accountants, lawyers, etc.)? Yes _____ No _____

15. Please check and describe the services you will be seeking from the Small Business Success Center:

- Accounting
- Computer Assistance
- Financial Assistance
- Legal
- Marketing Assistance
- Product Assistance
- Technology Assistance
- Venture Capital Assistance
- Other

III. FACILITY AND EQUIPMENT REQUIREMENTS

16. Facility Requirements

- A. How many square feet of space do you currently need? Sq. ft.
- B. How many square feet will you need two years from now? Sq. ft.
- C. Do you have any particular floor load requirements? Lbs/sq. ft.
- D. Average quantity of water needed. Gallons/day
- E. Electrical requirements.
- F. Special ventilation requirements*:

* No chemicals that are flammable, volatile or toxic may be stored or used in your business process within the MB-TEC. Specialized offsite facilities must be procured for the use of such.

17. Do you require any specialized equipment or facilities? If Yes _____ No _____
Yes, please describe below

18. If you answered Yes to question #17 above, do you plan to purchase or lease this equipment?

IV. MARKET POTENTIAL

19. Do you have a marketing plan? (If Yes, include with application). Yes ____ No ____

20. Is there a working prototype of your product? Yes ____ No ____

21. Does the company own patents, copyrights or trademarks? Yes ____ No ____

If not, is the Company in the process of acquiring patents, copyrights or trademarks? Yes ____ No ____

22. Must you obtain any regulatory approvals for your product/service? Yes ____ No ____ Don't Know ____

If so, from whom: _____

23. How long has it taken to develop your product/ service?

24. Describe the target market for your product / service.

25. Describe the advantage of your product/ service. How does your product/service answer the needs of your target market and what makes it better than your competitors' products/services?

26. Have you performed a thorough cost analysis of producing a single unit of your product? If yes, include with application. Yes ____ No ____

27. Do you plan to outsource any portion of your operations? If Yes, please describe below: Yes ____ No ____

V. RISK FACTORS

28. Briefly describe the potential risk factors which may impact your company. Below are some common risk factors, though all may not apply to your business. Use back of this page or a separate page if necessary.

- A. Economic (i.e., inflation, bankruptcy, delinquent taxes, tax liens, rates, etc.):
- B. Financial :
- C. Regulatory :
- D. Competitors :
- E. Product Development :
- F. Management Team :
- G. Legal (contract disputes, lawsuits, etc.):
- H. Other:

29. In addition to the application, please attach the following:

- A. Resumes of principals involved.
- B. Business plan or Executive Summary
- C. Personal Financial Statement
- D. Proof of payment for all taxes due (if operating at least one year)
- E. List three personal references:

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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ACKNOWLEDGEMENT OF INTENT

Applicant understands, acknowledges and agrees that MetroBroward Small Business Enterprise Center's (SBEC) acceptance of this Application is (among other things) conditioned upon Applicant and MetroBroward SBEC entering into an agreement pursuant to which Applicant will issue Metro Broward SBEC (or its designee) shares of capital stock or other ownership interests in Applicant if SBEC makes a significant investment in the commercialization of Applicant's product.

Applicant Signature

Printed Name

Title

Date

AFFIDAVIT

This affidavit is made for the purpose of clearing the aforementioned Applicant Company for tenancy in the MetroBroward Small Business Enterprise Center.

FURTHER AFFIANT SAITH NOT.

Signature of Affiant

Social Security Number

Printed Name

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me on _____, by _____, who is personally known to me or has produced _____ as identification and who did/ did not take an oath.

Notary Public

Print Name

My Commission Expires: _____

A credit and background verification fee of \$50.00 must be submitted with this application.