

CITY OF



# Yucaipa Business Incubator Program

## APPLICATION FOR ADMITTANCE

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

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

Contact Person: \_\_\_\_\_

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

Mailing Address: (If different) \_\_\_\_\_

Telephone: Business \_\_\_\_\_ Home \_\_\_\_\_

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

Business Status:

\_\_\_\_\_ Existing Business      Approximate Date Started \_\_\_\_\_

\_\_\_\_\_ New Business      Projected Start Date \_\_\_\_\_

Description of Business and Products/Services provided:

Legal Organization of Firm:

\_\_\_\_\_ Sole Proprietorship      Federal Employer Tax ID # \_\_\_\_\_

\_\_\_\_\_ Partnership

\_\_\_\_\_ Limited Liability Company

\_\_\_\_\_ Corporation      State \_\_\_\_\_      Date of Incorporation \_\_\_\_\_

Principal Owners/Stockholders:

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

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

Number of Employees (If currently in operation): \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

Gross Sales for last fiscal year: \_\_\_\_\_ for period \_\_\_\_\_ to \_\_\_\_\_

Do you have a business plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please attach a copy

If no, do you need assistance in preparing one \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are already in business has your product/service proven viable? \_\_\_\_\_

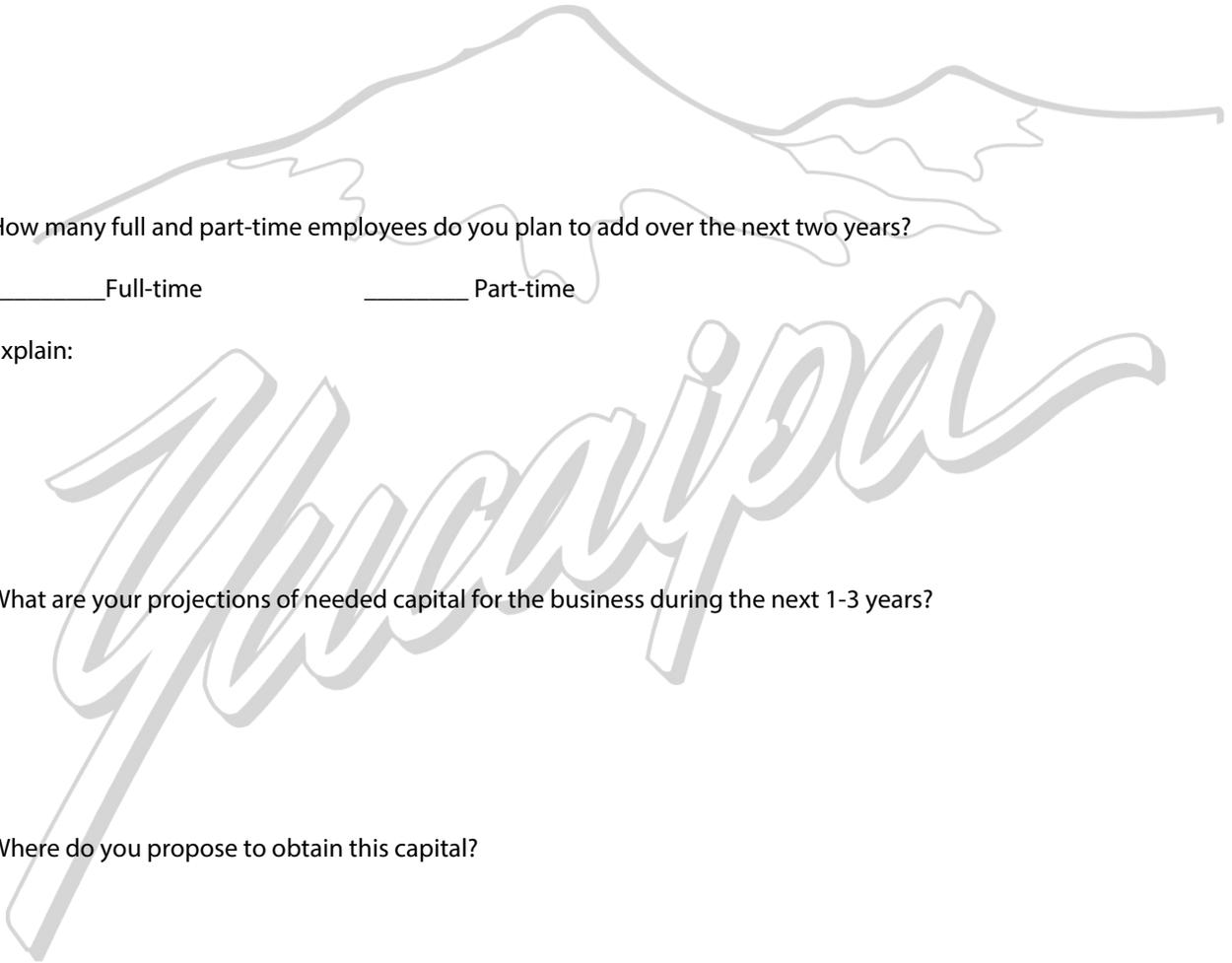
If not, briefly describe your obstacles:

Where do you currently market your products/services and who are your customers?

Please list firms you consider to be your primary competition:

Are you planning to add new products/services within the next two years? Explain.

Are you planning to expand your markets within the next two years? Explain.



How many full and part-time employees do you plan to add over the next two years?

\_\_\_\_\_ Full-time

\_\_\_\_\_ Part-time

Explain:

What are your projections of needed capital for the business during the next 1-3 years?

Where do you propose to obtain this capital?

What changes or expansions are you planning within the next 1-3 years?

If you are already in business please briefly explain your current marketing activities:

Do you plan to stay in Yucaipa?

How do you think the Yucaipa Business Incubator Center can assist you in developing your business?



**PLEASE ATTACH A 3-5 PAGE BUSINESS SYNOPSIS FOLLOWING A BUSINESS PLAN FORMAT.  
INCLUDE CURRENT FINANCIALS AND OR ONE YEAR OF PROJECTIONS.**

By signature to this Application for Admittance, applicant acknowledges that the Yucaipa Incubator Program Manager may obtain relevant credit and background information with respect to the applicant business and/or principals.

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

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

\_\_\_\_\_  
Applicant's Title