



**University at Buffalo Technology Incubator  
Application for Occupancy**

The information requested here will assist both the Incubator and your business in determining if the Incubator facility is appropriate for the long-term successes of the Incubator and you.

It is essential that the information contained within this application is current and timely. All contacts and correspondence are considered confidential unless otherwise stipulated by the prospective tenant. Please contact the Incubator staff if you have questions or need help in completing the application.

**PART I - GENERAL INFORMATION**

Legal Name of Business:

\_\_\_\_\_

Trade Name of Business:

\_\_\_\_\_

Current address: Street:

\_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Telephone Number:

\_\_\_\_\_

Business Start-up: Yes or No

Existing Business: Year established: \_\_\_\_\_ Federal ID#:

\_\_\_\_\_

Estimated employment: Current: \_\_\_\_\_ FT/\_\_\_\_\_ PT;

Year One: \_\_\_\_\_ FT/\_\_\_\_\_ PT;

Year Three: \_\_\_\_\_ FT/\_\_\_\_\_ PT

Type of Business: Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Briefly describe the nature of your business - It's products, services, and the market you are targeting or will target.

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Development stage of your company

- Conceptual (no working model)  
 Prototype (have completed a working model)  
 Manufacturing and/or marketing your product (current sales)  
 Other (explain) \_\_\_\_\_

Please check if any apply to the Company.

- |   | YES | OR | NO  |
|---|-----|----|-----|
| 1. Any relation to UB/UB Foundation                     | ( ) |    | ( ) |
| 2. Any compensation by UB/UB Foundation                 | ( ) |    | ( ) |
| 3. Any activity involving human subjects                | ( ) |    | ( ) |
| 4. Any activity involving animal subjects               | ( ) |    | ( ) |
| 5. Any activity involving radioactive materials         | ( ) |    | ( ) |
| 6. Any activity involving hazardous or toxic substances | ( ) |    | ( ) |
| 7. Any activity of a classified nature                  | ( ) |    | ( ) |
| 8. Any contract or grant research in conflict with UB   | ( ) |    | ( ) |

Please list principals and key managers\*:

Name (% ownership)

Title

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Please provide as an attachment to this application, a brief paragraph on each individual listed above as owner and management personnel detailing technical, educational and professional backgrounds as well as contact information and social security numbers (if person possesses at least a 5% equity stake) .

If this company is a subsidiary of or is formally affiliated with any other company, please identify those companies.

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Do any of the following apply to the Company, any affiliated companies, or to any owners of more than 5% of the Company?

- |   | YES | or | NO  |
|---|-----|----|-----|
| 1. Currently the subject of any litigation, or is any litigation threatened, which would have an adverse affect on the Company's finances?  | ( ) |    | ( ) |
| 2. Ever been involved in bankruptcy, a creditor's rights or receivership proceedings, or sought protection from creditors?  | ( ) |    | ( ) |
| 3. Ever settled a debt with a lending institution for less than the full amount outstanding?  | ( ) |    | ( ) |
| 4. Ever been cited for a violation of federal, state, or local law or regulations with respect to labor practices, hazardous wastes, environmental pollution, or other operating practices? | ( ) |    | ( ) |
| 5. Have any outstanding judgments or liens pending?   | ( ) |    | ( ) |
| 6. Delinquent on any federal, state, or local tax obligation?   | ( ) |    | ( ) |

**PART II – FACILITY REQUIREMENTS**

Requested term of lease\* \_\_\_\_\_ Office area: \_\_\_\_\_SF Wetlab area: \_\_\_\_\_SF

\*Start-up leases provide for termination by either party with 30 days advance notice

Choose one: Established company or Start-up venture

Special facility requirements (i.e. loading dock, elevator access, high voltage, etc)

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Incubator services desired:

Secretarial services \_\_\_\_\_ Bookkeeping services \_\_\_\_\_ Business consulting \_\_\_\_\_  
Workshops/seminars \_\_\_\_\_ Financial assistance \_\_\_\_\_ Other \_\_\_\_\_

### **PART III – FINANCIAL INFORMATION**

Banking Reference: Is this a business\_\_\_\_\_ or personal\_\_\_\_\_ reference?

Bank: \_\_\_\_\_ Contact Individual: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Check all that apply: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Loan: \_\_\_\_\_

If you are currently in business, please provide a current balance sheet and income statement for your business. If you do not have an accountant, you may substitute federal tax forms. Please also provide month-to-month sales and expense, and cash flow projections for at least one year.

If this is a business start-up, please provide last years tax returns for any owner/stockholder with over 5% equity in your business. In addition, please provide month-to-month income and expense and cash flow projections for the next year and quarterly projections for the second year that are based on your assumptions. Include your assumptions.

### **PART IV – BUSINESS PLAN**

Submit a Summary Business Plan for your company with the following minimum content:

1. Description of your product
2. Distribution: Whom you will sell your product to, and how you will get your product to your customer?
3. Who is your competition?
4. What are the trends, peculiarities and seasonal trends of your industry?
5. Do you need to purchase additional equipment for your business and/or require leasehold improvements to your space in the Incubator facility?
6. How do you plan to finance the acquisition of any equipment items?
7. Identify your company's estimated employment levels, initial and 1 year.

*Attach copies of printed materials and/or brochures used by your business.*

A suggested outline for a Business Plan is available from the Incubator (716-645-5500)

**PART V - CERTIFICATION**

**Certificate of Applicant:**

The undersigned affirms that to the best of my knowledge all statements in this application, including all schedules, appendices, and additional information are true and accurate. I understand that as a part of the screening process, the credit history of the Company and its owners, as well as all financial references provided, may be investigated. I further understand that this application is subject to review and in no way guarantees the applicant's admittance into the University at Buffalo Technology Incubator.

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

**RETURN THIS APPLICATION AND SUMMARY BUSINESS PLAN TO:**

**UB TECHNOLOGY INCUBATOR  
1576 Sweet Home Road  
Amherst, NY 14228**