

INDUSTRIAL INCUBATOR APPLICATION FORM

Applicant's Nam	e:			
Business Name:				
Mailing Address				
	(Number & Street or P.O. Box)	City		
Business Address:				
	(If Different from Above)			
Email Address:				

- 1 BUSINESS DESCRIPTION
- 1.1 Describe your business, including its history:

1.2 Describe your background/experience with the product/service:



1.3 <u>Describe your market and clients</u>:

2 GROWTH POTENTIAL

- 2.1 <u>Do you currently have a business plan? If not, would you be willing to work with the MCDC or its partners to create one?</u>
- 2.2 <u>Describe your vision for the business in 5 years and how will you measure</u> growth? (ie. sales, profit, # of employees, assets, value, and/or organizational capacity)

2.3 <u>What potential risks to this vision do you anticipate?</u>

2.4 <u>Current and Projected Number of Employees:</u>

Projection	Full-Time	Part Time
At time of occupancy		
One year after occupancy		
Five years after occupancy		



3 INCUBATOR PROGRAM

3.1 Which of the following professional services could your business make the most use of? (rank your top three):

Business Strategy	Legal	
Technical Mentorship	Assembly/Manufacturing	
Financial	Marketing	
Facilities	Human Resources	
Management	Other	

- 3.2 <u>Does your business have special facility needs?</u> (High voltage, refrigeration, enhanced ventilation, special security, floor drains, etc.?)
- 3.3 <u>Do you expect to use any hazardous, high VOC emitting or toxic materials? If so,</u> <u>describe:</u>
- 3.4 Approximate date you wish to occupy the incubator unit:_____
- 3.5 <u>Are you a resident of Morden?</u> YES NO
- 3.6 <u>Please provide any additional information or you feel is relevant. Please also</u> provide any supporting documentation which may support your application.



Applicant hereby certifies that to the best of his/her knowledge that all the information stated on this application and attached to it, is true and accurate. Applicant understands that MCDC will retain this application and any attached materials whether or not it is approved.

Signature:_____

Date:_____