

**NESHOPA BUSINESS ENTERPRISE CENTER****GENERAL INFORMATION**Name of Applicant:  

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Current Address:  

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Former Address (if less than 2 years at current address):  

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Telephone:

(Home): \_\_\_\_\_

(Cell): \_\_\_\_\_

(Office): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Name:  

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Type of Company:    \_\_\_\_\_ Sole proprietorship    \_\_\_\_\_ Corporation  
                          \_\_\_\_\_ Partnership                    \_\_\_\_\_ Subchapter S

Is business currently in operation? \_\_ Yes \_\_ No

If yes, year business founded: \_\_\_\_\_

If no, where are you employed? \_\_\_\_\_

Do you currently have a Philadelphia/Neshoba County business license? \_\_ Yes \_\_ No

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

If you have a business plan, please attach it.

## II. INFORMATION ON BUSINESS PRODUCT/SERVICE

Briefly describe your product or service:

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Briefly describe the market for your product/service (your target customer).

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In what geographic areas are your customers located?

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Who are your competitors? (Name at least two.)

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Why do you think you have a competitive advantage?

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How do you market and distribute your product or service?

Direct Mail       Personal Contacts Made by Owner  
 Sales Force       Publication Advertising

## BUSINESS EXPERIENCE

Describe your past experience that relates to your product/service and the length of that experience.  
(Attach resume if possible).

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List the names and titles of any other officers or key personnel (attach resumes if available):

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## BUSINESS/SERVICE NEEDS

What types of office support services are you interested in?

Receptionist       Secretarial/Word Processing  
 Copier       Fax Machine  
 Mail Handling       Conference Room  
 Computer       Other

Do you currently have an accountant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you currently have an attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need management assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type? \_\_\_\_\_

Do you need marketing assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type? \_\_\_\_\_

## **FACILITY REQUIREMENTS**

Are you currently occupying a facility either in your home or at a commercial location?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your current square footage?

Office \_\_\_\_\_ Sq. Ft.      Manufacturing or warehouse \_\_\_\_\_ Sq. Ft.

What is your approximate monthly cost for this facility?      Rent: \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

How many square feet of space does your business require?

Office \_\_\_\_\_ Sq. Ft.      Manufacturing or warehouse \_\_\_\_\_ Sq. Ft.

If you require manufacturing space, please describe the machinery and equipment to be located on the premises and what service support is needed to maintain this equipment (i.e., electric load, venting, and cooling).

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If accepted as a tenant, when would you want to start occupancy in the facility?

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How many total employees will be occupying the incubator space?

|           | Current | 1 Year | 2 Year |
|-----------|---------|--------|--------|
| Full time |         |        |        |
| Part Time |         |        |        |
| Other     |         |        |        |

How did you learn about the Neshoba Business Enterprise Center?

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How do you think your participation in the Neshoba Business Enterprise Center would benefit your business?

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### **BUSINESS FINANCIAL INFORMATION**

What are your projections for total gross sales volume?

Year 1 \$ \_\_\_\_\_ Year 2 \$ \_\_\_\_\_ Year 3 \$ \_\_\_\_\_

What is the amount and source of financing for operating your business?

\_\_\_ Existing Loans                      Amount \$ \_\_\_\_\_

\_\_\_ Cash Equity                              Amount \$ \_\_\_\_\_

Are you currently seeking additional funding for your business?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please state funds needed: \$ \_\_\_\_\_

Where do you plan to obtain these funds? \_\_\_\_\_

Please list your business' bank references (include branch location and representative name):

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I am applying for admission to the Neshoba Business Enterprise Center. I understand that the information contained in this application will be held in the strictest confidence. I understand that as part of the screening process, my credit history and financial references may be investigated. I further I understand that this application is subject to review and in no way guarantees my: admittance to this program and that no liability will be assumed by the Neshoba Business Enterprise Center Board of Directors

Signature \_\_\_\_\_

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

Please return completed application to: