



## Application for Admission

Thurston County Small Business Incubator  
809 Legion Way ~ 3<sup>rd</sup> Floor ~ Olympia, WA 98501  
360.357.3362 or info@ThurstonChamber.com

Please complete all parts of the following application without leaving any item blank. If something does not apply, enter N/A. Initial each page where indicated. Information pertaining to this application will be handled in a confidential manner.

### 1. GENERAL INFORMATION

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

Is this business currently in operation?     YES    year started \_\_\_\_\_     NO

Present Address (for existing business):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_

Date you anticipate entering the facility: \_\_\_\_\_

Current Household Income: \_\_\_\_\_

Type of business organization:     Sole Proprietor     Partnership     Corporation     LLC

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

Title: \_\_\_\_\_

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_

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

List all Partners or Shareholders (add lines if needed):

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

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

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

**2. BUSINESS INFORMATION**

Type of Business:  E-commerce  Service  Manufacturing  Technology  Professional

Briefly describe the nature of your business:

---

---

---

Briefly describe the market for your product(s) or services(s):

---

---

---

Anticipated number of employees at: Start-up \_\_\_\_\_ 12 months \_\_\_\_\_ 24 months \_\_\_\_\_

List any special requirements necessary for your business to locate in TCSBI.

---

---

---

Why do you believe you need the services of the TCSBI?

---

---

---

What short-range (1 – 3 year) goals do you have for your business?

---

---

---

What long – range goals do you have for your business?

---

---

---

If this business is currently in operation, please list the name, address and phone numbers of three (3) business references.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

### 3. OWNER DEMOGRAPHICS

Gender:  Male  Female

Race/Ethnicity:  Black/African American  Hispanic  Asian/Pacific Islander  White/Caucasian  
 American Indian  Multi-Racial \_\_\_\_\_  Other \_\_\_\_\_

Have you ever been on active duty in the U.S. Armed Forces?

Yes  No  Disabled Veteran (percent of disability: \_\_\_\_\_ %)

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions? For example: working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking or learning?

Yes  No

Are you receiving or do you qualify to receive federal, state or local financial assistance?  Yes  No

What is your total household income? (*required for Incubator funding sources*)

\_\_\_ less than \$25,000 \_\_\_ \$25-50,000 \_\_\_ \$50-75,000 \_\_\_ \$75-100,000 \_\_\_ more than \$100,000

### 4. CERTIFICATION OF APPLICATION INFORMATION

I hereby certify that all of the information furnished on this application to the UCPBDC is complete and accurate. I authorize you to obtain further information concerning our credit standing, to verify the accuracy of the information given and to answer questions about credit history.

\_\_\_\_\_  
Signature Title Date