

TENANCY APPLICATION

Bessemer Business Incubation System

Bessemer Business Center
1020 Ninth Avenue SW (US Hwy. 11)
Bessemer, AL 35022
(On the Campus of Bessemer State Technical College)

Downtown Entrepreneurial Center
401 19th Street North
Bessemer, AL 35020

This application for tenancy in the Bessemer Business Incubation System must be completed in its entirety for prompt consideration. Additional information may be requested as part of the application process. Proprietary information will be treated as confidential.

Name of company: _____

Name of person completing this application: _____

A Should a lease be ratified, who will be responsible for the applicant company's operations at the Business Center?

PRIMARY CONTACT

SECONDARY CONTACT

Name: _____

Title: _____

Social Security #: _____

Home address: _____

Home phone: _____

Cell Phone: _____

Email address: _____

Who will be legally responsible for the lease if one is ratified?

Describe your company's operations that you propose to locate at the Business Center by checking the Appropriate answer (s):

Product/Service: _____

The company proposes to have a(n):

- | | |
|--|--|
| <input type="checkbox"/> Manufacturing plant | <input type="checkbox"/> Administrative Office |
| <input type="checkbox"/> Assembly plant | <input type="checkbox"/> Research and development ctr. |
| <input type="checkbox"/> Service center | <input type="checkbox"/> Employee training center |
| <input type="checkbox"/> Showroom | <input type="checkbox"/> Distribution center |

B How is your company structured?

SOLE PROPRIETORSHIP

a. How many years has the business filed tax returns? _____

b. List all officers:

INCORPORATED

a. Which states?

b. On what date?

c. Name any corporate parent: _____

d. List the officers and % of stock owned:

PARTNERSHIP

a. What year did you first file with the IRS as a partnership? _____

b. List all partners:

LLC

a. Which state(s)?

b. On what date?

Present address of your company: _____

Business telephone numbers: () _____ () _____
Business FAX number: () _____ () _____

Federal tax ID number or employer ID: _____ Bessemer business license number: _____

Professional Assistance Required

Clerical _____ Accounting _____ Legal _____
Marketing _____ Computer _____ Engineering _____

A written Business Plan is required before approval. Do you require assistance to complete the Plan? _____

C What are your site criteria?

Office Space

- a. How much space do you need?

- b. List the office equipment that you will have on site:

- c. List your other criteria:

Industrial Space

- a. How many square feet? _____
- b. List your capacity need for:
 - 1. Electricity _____
 - 2. Natural Gas _____
 - 3. Water/Sewer _____
- c. List the machinery that will be used:

- d. List your other criteria:

List any flammable, volatile, or toxic chemicals you propose to have on site at any time:

How will you dispose of your hazardous materials that cannot legally be placed in the sewer system, trash dumpster or landfill?

Define your reason for selecting the Business Center as a site: _____

When do you desire to begin a lease (should one be ratified)? _____

When do you anticipate needing additional space? _____

How many employees will be on site initially? _____

Projected number of employees to be on site at the end of the year? _____

