

## Client Application Form

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

### **COMPANY INFORMATION:**

1) Business Name: \_\_\_\_\_

2) Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Telephone Number(s) \_\_\_\_\_

4) Fax Number: \_\_\_\_\_

5) Web Site: \_\_\_\_\_

6) Applicant(s) Name:

a. \_\_\_\_\_

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

Tel: \_\_\_\_\_

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

b. \_\_\_\_\_

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

Tel: \_\_\_\_\_

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

7) Description of the Business and Products or Services Offered. Please indicate your stage of development (conceptual, research, prototype, ready to launch, etc.):

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8) Industry Focus: \_\_\_\_\_

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9) Federal ID Number: \_\_\_\_\_

10) Date Business Established: \_\_\_\_\_

11) Current and expected number of employees:

Current \_\_\_\_\_ 1 Year \_\_\_\_\_ 3 Years \_\_\_\_\_

12) What describes your business most accurately? Check all that apply.

Minority Owned \_\_\_\_\_  
Woman Owned \_\_\_\_\_  
Veteran Owned \_\_\_\_\_  
Service Disabled Veteran Owned \_\_\_\_\_  
Student Owned \_\_\_\_\_

13) Special Office Requirements (handicapped access, conference/meeting space, etc.)

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14) Internet Service Needs:

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15) Target Date for Locating at Bowie BIC: \_\_\_\_\_

16) Provide 3 business references, with address/telephone number (if available):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**MANAGEMENT TEAM:**

1) Please list the executives who will be responsible for the company's daily business operations at Bowie BIC (include resumes and attach additional sheet if needed):

- a. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Prior Experience: \_\_\_\_\_
  
- b. Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Job Description: \_\_\_\_\_  
Prior Experience: \_\_\_\_\_

2) The Bowie BIC receives funding from several government sources. Please provide the following information:

Are you or members of your management team related to any current elected official at the City, County, or State level in Maryland? \_\_\_\_\_ YES \_\_\_\_\_ NO

(If YES, please provide the name and elected position of the relation.)





# Bowie Business Innovation

## Center

Located at Bowie State University

**FINANCING ACTIVITIES**

- 1) Is the company currently seeking outside funding: YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, please list:
- a. Source(s) \_\_\_\_\_
  - b. Funding amount(s)  
\_\_\_\_\_
  - c. Expected date of outcome(s)  
\_\_\_\_\_
- 2) Please indicate the funding desired in addition to above:
- Next Twelve Months \$ \_\_\_\_\_
- Next Three Years \$ \_\_\_\_\_
- Next Five Years \$ \_\_\_\_\_
- 3) Please identify additional funding sources and the amount funding expected:
- Owners \_\_\_\_\_
- Venture Capital \_\_\_\_\_
- Banks \_\_\_\_\_
- Government Grants \_\_\_\_\_
- Other \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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



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## **SUBMISSION INFORMATION**

Please attach your company's Business Plan, Financial Statements, Brochures and any other relevant information to this application and send your application to the Bowie BIC at the address below.

Please also attach a check for your **\$50.00 non-refundable application fee**. Your check should be payable to Bowie Business Innovation Center.

Applications submitted without company financial data and the application fee will not be reviewed by the Bowie BIC Client Selection Committee.