

**POMPANO BEACH CRA BUSINESS RESOURCE CENTER
BUSINESS INCUBATOR PROGRAM
ON-SITE TENANT APPLICATION**

Please bring or mail a completed application, including all required attachments, AND a non-refundable \$25 application fee (made out to the Pompano Beach CRA) to: Pompano Beach CRA Business Resource Center, 50 NE 1st Street, Pompano Beach, FL 33060. The application review process will include follow up with the references provided. If accepted, a background check is also required.

Please be advised that the following information is subject to Florida Public Record Laws.

SECTION I – General Business Information

1. Business Name _____
2. Current Business Address _____
3. City _____ State _____ Zip code _____
4. Business Phone _____ Fax _____
5. Email _____ Website _____
6. Owner _____
7. Home Address of Owner _____
8. City _____ State _____ Zip code _____
9. Home Phone _____
10. Form of Business Ownership: Corporation _____ Non-profit _____ Sole Proprietor _____
Partnership _____ Sub "S" Corp _____ LLC _____
11. EIN Number _____
12. Description of Business, products and/or services

13. Do you have a completed business plan? Yes ___ No ___

SECTION II – Physical Requirements of Business

In order to determine your company's suitability for this Business Incubator Facility, please provide the following info:

14. What is the minimum square footage requirement for your business? _____

15. Does your firm have any special requirements? (i.e. ventilation, equipment, water, electric) If yes, what are they?

16. Does your business require customer traffic? _____ #/day _____

17. Describe the usual business activities of your company that will take place in the Incubator.

SECTION III – Company Personnel and References

18. Number of Employees _____

19. Name/Position of Members of your organization:

20. List the Individuals that will serve your company in the Incubator Facility.

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

21. Have any of the above Employees, Members or Individuals ever been convicted of a crime?

Yes _____ No _____

22. If Yes, please provide below the name, address, date and location of the offense.

23. Is there any litigation pending for any of the persons listed in Questions 19 or 20?

Yes _____ No _____

24. References: Provide the names, phone numbers and category of 3 business related references (employer, client, colleague). Business address MUST be included.

- 1. Name _____
Address _____
Phone _____
- 2. Name _____
Address _____
Phone _____
- 3. Name _____
Address _____
Phone _____

SECTION IV – Job Creation Potential

25. Job Creation: Please describe the type and quantity of potential additional positions within the next 12 months. *When hiring new employees, you are required to use the CRA Job Placement Center (at no cost to you) as one of your sources of potential job candidates.*

- Number of Part-time within 3 months:** _____ **6 months:** _____ **12 months:** _____
Number of Full-time within 3 months: _____ **6 months:** _____ **12 months:** _____
Not planning to add any positions: _____

26. Local Hiring: When hiring, our company will make reasonable and equitable efforts to seek and hire local, qualified candidates: (1) hire within the Pompano Beach NW CRA boundaries; (2) hire within City of Pompano Beach; (3) hire within Broward County; (4) general hire _____ *(please initial)*

SECTION V – Financial Investment and Information

27. Is the business financially self-sufficient? Yes _____ No _____
28. If No, how is the business currently being funded? _____

29. Estimate the monetary investment you have made in your business. Please indicate the source:
Personal Funds _____ Loans _____ Investors _____ Contracts _____ Grants _____

30. Annual Sales _____

Please provide a copy of each of the following:

- 31. Business Plan Executive Summary
- 32. Business Plan Financial Statements
- 33. Business or Personal tax returns completed for the most recent year

SECTION VI – Certifications and Licenses

34. Please attach a **current** copy any of the following that apply:

- City of Pompano Beach Zoning Certification or application
- City of Pompano Beach Business Tax Receipt or application
- Relevant Business Certifications – if applicable to your business
- Industry Licenses - if applicable to your business
- Relevant Insurance - if applicable to your business

SECTION VII – On-Site Office Packages

BASIC Package – Starting at \$300.00 per month

- Private office (9' x 10')
- Office Furnishings: Desk, Chairs, Cabinets, Storage
- Local Address/Mail Receptacle
- Telephone - local phone number with voice mail; Internet Access
- Receptionist assistance
- Conference Room Usage – 8 hours/month
- Black & White Copies and Prints – 200/month (\$.10/page each additional)
- Color Copies \$.25 each
- Faxes – 40 pages/month (\$1.00/page each additional)
- Notary Services
- Inclusion in all Workshops, Marketing and Promotion provided by the Business Incubator

PLUS Package – Starting at \$350.00 per month

- Private office (11' x 9')
- All Basic Services as described above

33. On-Site Office Package Selected: Basic _____ Plus _____

SECTION VII - Acknowledgements

I understand that participation in this program, including acceptance of advice or assistance is completely voluntary, except for quarterly review of business books, and that I will hold the City of Pompano Beach, the Pompano Beach CRA, their officers, agents and employees, and any and all consultants harmless from any claims arising out of my participation in this program. I also acknowledge and agree that I am responsible for compliance with all rules and regulations included in the Business Resource Center Program~Facility~Policy Manual, the Business Incubator Client Handbook and to execute the Lease Agreement as established by the Pompano Beach CRA.

Applicant Signature: _____

Printed Name: _____

Date: _____