

**POMPANO BEACH CRA BUSINESS RESOURCE CENTER
BUSINESS INCUBATOR PROGRAM
VIRTUAL TENANT APPLICATION**

Please bring or mail a completed application, including all required attachments, AND a non-refundable \$10 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 – *Company Personnel and References*

14. Number of Employees _____

15. Name/Position of Members of your organization:

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

Name _____ Position _____

Name _____ Position _____

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

Yes _____ No _____

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

19. Is there any litigation pending for any of the persons listed in Questions 15 or 16?

Yes _____ No _____

20. References: Provide the names, phone numbers and category of 3 references (2 must be business related - employer, client, colleague - and 1 can be personal)

Name _____ Phone _____ Category _____

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SECTION III – *Financial Investment and Information*

21. Is the business financially self-sufficient? Yes _____ No _____

22. If No, how is the business currently being funded? _____

23. Estimate the monetary investment you have made in your business. Please indicate the source:

Personal Funds _____ Loans _____ Investors _____ Contracts _____ Grants _____

24. Annual Sales _____

Please provide a copy of each of the following:

25. Business Plan Executive Summary

26. Business Plan Financial Statements

27. Business or Personal tax returns completed for the most recent year

SECTION IV – *Certifications and Licenses*

28. 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 V – *Virtual Office Package*

Virtual Office Package: Starting at \$100.00 per Month

- Local Address/Mail Receptacle
- Telephone - local phone number with voice mail
- Receptionist assistance
- Internet Access
- Conference Room Usage - 4 hours per month
- Black & White Copies and Prints – 100/month (\$.10 each additional)
- Color Copies - \$.25 each
- Faxes – 20 pages/month (\$1.00/page each additional)
- Notary Services
- Inclusion in all Workshops, Marketing and Promotion provided by the Business Incubator

SECTION VI - *Acknowledgement*

I understand that participation in this program, including acceptance of advice or assistance is completely voluntary, except for a semi-annual business review with BI staff, 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 Incubator Client Handbook and to execute the Participation Agreement as established by the Pompano Beach CRA.

Applicant Signature: _____

Printed Name: _____

Date: _____