

West Virginia University Business Incubator
APPLICATION FOR AFFILIATION

Application Date:

APPLICANT CONTACT INFORMATION

Company Name:

Company Address:

City:	State:	ZIP Code:
Phone:	Fax:	e-mail:

Company Website (if applicable):

Company Contact Person and Title:

COMPANY INFORMATION

EIN:	WV Business License #:
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What is the legal structure of the Company? (Partnership, Sole Proprietorship, LLC, Corporation, etc...)

If existing, attach to this application all relevant company documents such as Certificates of Incorporation, Articles of Incorporation, LLC Operating Agreements, Articles of Organization and Partnership Agreements, etc...

Date of Organization or Incorporation:

List all company owners, officers, and other key personnel with their addresses, phone numbers, and email addresses:

Attach to this application a resume for each person listed above describing any and all business experience, skills, credentials, or professional licenses relevant to the future operations of the company.

COMPANY INFORMATION (CONTINUED)

Describe any past, present, or future affiliations or business relationships between West Virginia University or its affiliates and the company or any of the owners, officers, or other key personnel.

Describe the type of business in which the company is or will be engaged. Describe the commercial need that the company is or will be fulfilling. Identify the company's target market.

If existing, attach to this application a copy of a written business and/or marketing plan. Also include with this application a prototype or sample product or any other information, such as sales brochures, advertisements, or product specification sheets that would be helpful in evaluating the company and its future development.

Describe any alternative products, services, or methods provided by competitors that also satisfy the needs of the company's target market. Describe any differences or similarities between the company and its competitors in the market place.

OTHER GENERAL INFORMATION

How long do you anticipate the company will be a participant in the Business Incubator?

Are there any specific areas of expertise that you, or the company, are interested in receiving from the Incubator? What are your expectations for the services that you will receive?

Are you interested in your company becoming a virtual or residential tenant? Would you like to discuss both options?

How many employees will the company have while participating in the Incubator? Include owners who participate in the daily operation of the company. Describe briefly the title and function of each employee.

If the owners or the company have an attorney, list the attorney's name and contact information:

If the owners or the company have an accountant, list the accountant's name and contact information:

COMPANY FINANCIAL INFORMATION

If existing, attach to this application a copy of the company's most recent financial statements, including a balance sheet, summary of cash flow, income statement, and recent bank account statement(s).

Please list any major assets currently held by the company:

Please list the company's current and long-term liabilities:

Do the owners, officers, other key personnel, or the company hold title to any Intellectual Property that will be used by the company to accomplish its business plan, including US or foreign patents, copyrighted materials, trademarks, servicemarks, licenses, or other forms of intellectual property?

I understand that submission of this preliminary application does not guarantee business development services or participation in the Business Incubator. I further understand that as part of the application process all information provided and the credit history of the company and its owners may be investigated. I understand that the Business Incubator is not a legal counseling service and does not represent that it is bound by the laws, rules, and regulations governing legal counsel. The information provided to the Business Incubator during this application process will be held in confidence, however the Business Incubator is under no legal obligation of confidentiality and may disclose any and all information as needed to evaluate this application or as required by law. I certify that the information contained in this application and all supplemental materials are true and complete. I further certify that I am authorized to release and do freely release this information to the Business Incubator.

Sign:

Date: