



TENANT APPLICATION

Information submitted will be held in confidence and used for purposes of evaluation for admittance to the Enterprise Center. For more information, please contact Noreen Hazelton, Assistant Director at nhazelton@enterprisectr.org / 978-542-7576.

BUSINESS NAME _____

PRINCIPAL OFFICER AND TITLE _____

PHONE # _____ FAX # _____

E-MAIL ADDRESS _____

WEB _____

ADDRESS _____

—

BUSINESS ADDRESS _____

NATURE OF BUSINESS (Give a brief description of product/service and name of market) _____

BRIEF BACKGROUND OF PRINCIPAL OFFICERS _____

DATE BUSINESS WAS ESTABLISHED _____

COMPANY FORM (C Corp, S Corp, LLC, etc.) _____

CURRENT STATUS OF BUSINESS (ex: working on ideas, launched, growing, etc.) _____

CURRENT SALES REVENUE PER MONTH Under \$1000 _____ Under \$5000 _____

\$5000 - \$20,000 _____ \$30,000 - \$50,000 _____

CURRENT NUMBER OF EMPLOYEES _____



Full Time _____ Part Time _____

TYPE OF FINANCING TO DATE

Personal Resources _____

Private Investors _____

Venture Capital _____

Other: Please indicate nature _____

PLANS FOR FUTURE ROUNDS OF FINANCING _____

STATUS OF BUSINESS PLAN Not Started _____

_____ In Preparation: Expected Completion Date _____

_____ Completed and Available for Review _____

WOULD YOU LIKE HELP WRITING A BUSINESS PLAN _____

WHY ARE YOU INTERESTED IN THE ENTERPRISE CENTER _____

HOW MUCH SPACE DOES YOUR BUSINESS REQUIRE _____

GROWTH PLAN (Do you plan to grow your company and if you do, how will this be done) _____

DOES YOUR GROWTH PLAN INCLUDE (employees) Full Time _____ Part Time _____

Contract _____ Virtual _____

Combination of the Above _____

WHAT ENTERPRISE CENTER RESOURCES WOULD YOU UTILIZE _____

APPROXIMATE DATE OF OCCUPANCY _____

SPECIAL REQUIREMENTS (i.e. Do you require extra electricity to run computer) _____



Enterprise Center

AT | SALEM | STATE | UNIVERSITY

Business Happens Here | enterprisectr.org

NAME _____

TITLE _____

DATE _____