

The information requested in this application will assist the Ventura Ventures Technology Center (V²TC) in determining if the incubator program is appropriate for your company.

General Information

Applicant Name: _____

Applicant Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Name of Business: _____

Principal Officer(s) and Title(s): _____

(Please attach a resume for each.)

Business Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Website: _____

Date Business Established: _____

Form of Business (Sole Proprietorship, LLC, etc.): _____

City of Ventura Business License No.: _____

How did you hear about the V²TC? _____

Business Information

Current gross sales (if any): _____

No. of employees (including principles): _____

Please estimate future employment:

One year from now: Full-time ____ Part-time ____

Two years from now: Full-time ____ Part-time ____

Does your company have a business plan? Yes No Draft in progress (If yes, please attach a copy.)

Briefly describe your business. What is the market need you are solving? What is the solution you are offering? Who are your target customers? (Please attach a non-confidential executive summary.)

Have you secured any of the following to capitalize your business?

Government grant/contract \$ _____ What agencies? _____

Angel investment \$ _____ Venture capital \$ _____

Corp. partner investment \$ _____ Self-funded \$ _____

Other Sources _____ \$ _____

Total initial investment in your business: \$ _____

If you currently have any of the following service providers, please provide the requested information.

Bank name _____ Location _____

Attorney's name _____ Firm _____

Accountant name _____ Firm _____

Marketing/PR agent _____ Firm _____

Your Business Needs

What date do you need occupancy? _____

How many workstations do you need? _____

What type of space are you interested in? Open Flex Space Private Office Suite

Briefly describe why you want to locate your business in the V²TC:

Please check any assistance you may need:

- Networking Accounting Legal Venture Capital Marketing
 Management Mentoring Technical Other _____

Are you interested in using student interns? Yes No

If so, in what capacity?

My signature below certifies that all the information contained in this application is true and complete. I authorize the V²TC to verify the information contained in this application by contacting any of the sources provided.

I understand that this application, when submitted, becomes the property of the V²TC and will be retained whether or not it is approved.

Name: _____

Title: _____

Signature: _____

Date: _____