

**APPLICATION**

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Principal's name/title: \_\_\_\_\_

Current Address: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Requirements - TO BE COMPLETED AFTER YOU HAVE TAKEN A TOUR OF THE FACILITY**

***For your business to be approved as an Incubator Client all of your required documents, roadmap questions and pricing class attendance must be completed.***

***Partial information will not be accepted. - All information is kept confidential.***

Required Documents (copies accepted):

- o Business Registration (corporate paperwork)
- o Tax EIN number
- o Sales Tax Authority to collect sales tax <http://www.tax.ny.gov/bus/st/register.htm>
- o Emergency contact information (form attached)
- o Food Handler's Certificate
- o Product Comparison Chart (form attached)
- o Pricing Sheet (form attached)
- o Business and Product Liability insurance. *This insurance should be in force at the time of the contract signing and a copy of the insurance policy is required*
- o Certificate of Insurance including Worker's Comp if there are employees *This insurance should be in force at the time of the contract signing and a copy of the insurance policy is required*

Clients must add the kitchen as an additional insured. Here is the exact wording:

*The Entrepreneur's Incubator Space LLC; Queens Economic Development Corporation and Estate of David H Stein, Jane Stein Trustee 36-46 37<sup>th</sup> Street Long Island City NY 11101-1606*

The required deposit will be a minimum of \$500 or equal to your monthly rental usage at the kitchen and must be a cashier's check or a money order; the amount will be determined by the director and you will be informed of the amount prior to your scheduled contract signing.

**Business Roadmap Outline**

- 1) Concept for your business (maximum 1 page)
- 2) Long term objectives (maximum 50 words)
- 3) Summary of Owners/management team training, experience and skills (maximum 1 page)
- 4) Number of employees (if any, excluding yourself/partner as owners)
- 5) Product - Describe specific product or services (Maximum 100 words)
- 6) Brochure/website - Attach (even if in a draft format)
- 7) Promotion
  - How will the product/service be promoted? (Maximum 50 words)
  - What specific promotional tools will be used? (Maximum 1 page)
- 8) Place (Distribution Methodology) How will product/service be distributed? (Maximum 1 page)
- 10) A list of starting expenses and a brief explanation on how they will be/are funded

The Director may require a credit check and/or a review of current bank statements. Acceptance into the incubator is at the discretion of the Director, based on the completed information presented.

**THE ENTREPRENEUR'S SPACE**

A Food and Business Incubator  
36-46 37<sup>th</sup> Street Long Island City NY 11101-1606



1) The management at The Entrepreneur's Space needs this for our records. We would like to have precise contact information on all of our clients as well as their regular staff members. Please fill out the following include this with your signed application.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

**Emergency contacts & their relationship to you (at least 3)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tele: \_\_\_\_\_ Work Tele: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tele: \_\_\_\_\_ Work Tele: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Tele: \_\_\_\_\_ Work Tele: \_\_\_\_\_ Cell: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Tele: \_\_\_\_\_

Name of Hospital/Medical Group/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Tele: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

This information will be kept confidential. We just need to be sure that we can assist any person(s) injured or taken ill at our facility.  
Thank you for taking the time to fill this out. It is for everyone's safety.