

# Choctaw Small Business Incubator

## Tenant Application Form

### APPLICANT INFORMATION

Business Owner Name: \_\_\_\_\_

Tribal Enrollment Number (if applicable): \_\_\_\_\_

#### Contact Information:

• Phone: \_\_\_\_\_

• Email: \_\_\_\_\_

• Mailing Address: \_\_\_\_\_

### BUSINESS INFORMATION

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

#### Business Structure:

- Sole Proprietorship
- LLC
- Corporation
- Partnership
- Other: \_\_\_\_\_

#### Business Stage:

- Concept/Idea Stage
- Start-up (0-6 months)
- Early Stage (6 months - 2 years)
- Established Business (>2 years)

Federal Tax ID/EIN: \_\_\_\_\_

Business License Number (if applicable): \_\_\_\_\_

## SPACE REQUIREMENTS

Type of Space Needed:

- Office Space
- Warehouse Space
- Both Office and Warehouse Space

Preferred Square Footage:

• Office Space: \_\_\_\_\_ sq ft

• Warehouse Space: \_\_\_\_\_ sq ft

Requested Move-in Date: \_\_\_\_\_

Desired Lease Term (in months): \_\_\_\_\_

Do you plan to use any equipment in the incubator? YES or NO

If so, please describe:

## BUSINESS SUMMARY

Description of Business:

## REFERENCES

Banking Reference:

- Contact Name: \_\_\_\_\_
- Bank Name: \_\_\_\_\_
- Phone: \_\_\_\_\_

## ADDITIONAL INFORMATION

How did you hear about the Choctaw Small Business Incubator?

Why do you believe your business would benefit from our incubator program?

## REQUIRED ATTACHMENTS

Please attach the following documents:

- Tribal Enrollment Documentation (if applicable)
- Current Business License (if applicable)
- Resume of Owner(s)
- Proof of Insurance (if applicable)

## CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application or termination of my use agreement.

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

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

For Office Use Only:

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

Application Number: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Notes:

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