



**PIONEER TECHNOLOGY CENTER  
SMALL BUSINESS INCUBATOR PROGRAM  
APPLICATION FOR PARTICIPATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Referred by \_\_\_\_\_

**Business Structure**

- Sole Proprietor
- Partnership
- Limited Liability Company
- Corporation

**Type of Business**

- Service
- Manufacturing
- \_\_\_\_\_

**Product or service description**

\_\_\_\_\_  
\_\_\_\_\_

**Describe your customer**

\_\_\_\_\_  
\_\_\_\_\_

**Number of employees**

Current \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**Employee training required**

- Yes
- No

**Space required**

- 400 sq ft/Ste \_\_\_\_\_
- 700 sq ft/Ste \_\_\_\_\_
- 900 sq ft/Ste \_\_\_\_\_

**Utility Hook-ups**

- Yes
- No
- Special \_\_\_\_\_

**Tobacco Policy**

- I understand and agree to adhere to Pioneer Technology Center's Tobacco Campus Policy.

**Please attach the following items:**

- Two (2) Business Reference Letters**
- Current Credit Report (Personal)**
- Criteria for Occupancy**

Signature (Coordinator) \_\_\_\_\_

Signature (Applicant) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_