

City of Eden Business Incubator
319 West Blanchard
Eden, TX 76837
325-869-0112 *phone*; 325-869-5075 *fax*
econdev@edentexas.com

Application for Program Acceptance

This application is being submitted for acceptance into the Business Incubation Program of the City of Eden (COE) and for a grant, license and service agreement (Client Agreement) pursuant to such acceptance. This application must be completed in its entirety prior to consideration of the applicant listed below for acceptance, including any additional information not listed here that COE staff may request as part of the application process. All proprietary and personal information of the applicant or persons signing this application or its attachments, will be treated as confidential in accordance with COE policies.

I. Applicant Information

Name of Applicant: _____

Name of Person(s) completing this application: _____

Should applicant be accepted into Program, and a Client Agreement be executed, who will be responsible for the applicant company's operations at the incubator?

Primary Contact
Name: _____
Title: _____
Home Address: _____

Home Phone: _____
E-mail: _____

Secondary Contact
Name: _____
Title: _____
Home Address: _____

Home Phone: _____
Other Phone: _____

Who is authorized to execute a Client Agreement? All applying entities must be legally formed under applicable law, and registered to conduct business in the State of Texas. _____

II. Company Information

Briefly describe your company’s operations and, in particular, those operations you propose to locate at the COE facility: _____

Check the appropriate answer(s) for all operations to be conducted at a COE facility:

- Manufacturing plant
- Service center
- Administration office
- Employee training center
- Assembly plant
- Showroom
- Research and development center
- Distribution center

What is (will be) your company’s structure?

- Sole Proprietorship
- Partnership
(GP LP LLP)
- Limited Liability Company
- Corporation
(C Corp S Corp)

III. Business Plan

As part of this application, you must submit a completed business plan in form and substance acceptable to COE staff. Will you require assistance to complete or revise plan? _____

IV. Facility Information

a. How much space do you need? _____ How many square feet? _____
Number of offices? _____

b. List any on site office equipment/machinery to be located in offices:

c. List your other requirements: _____

List any flammable, volatile, or toxic chemicals you propose to have on site at any time: _____

How will you dispose of your hazardous materials that cannot legally be placed in the sewer system, trash dumpster or landfill? _____

How many employees will be on site initially, and in what capacities? _____

How many employees will be on site at the end of the one year of occupation and in what capacities? _____

How many employees do you anticipate each of the next two years? _____

Year 2 _____ Year 3 _____

[signature page to follow]

Application Signature Page

I understand that submission of this application is only to allow the City of Eden to consider the Applicant Company listed below, for entry into the Business Incubator Program, and the execution of a client agreement with the COE. In no way does the issuance or acceptance of this application by COE, nor any assistance rendered to the Applicant by the COE staff guarantee that the Applicant will be accepted into the Program or a Client Agreement executed. I am aware that the City Council of the COE, in its sole discretion, will make the final determination on the acceptance of any business into the Program and the execution of any Client Agreement.

I am aware that this application will remain incomplete until (i) all required attachments (including a complete Business Plan) and additional information requested have been submitted to the COE in a form acceptable to the COE staff, and (ii) COE has completed all required criminal background and credit checks. This application will not be reviewed or acted upon by the COE Board until such time as it is deemed complete in the sole discretion of COE.

I am aware that data may be extracted from this application for use in anonymous statistical compilations.

I have completed or reviewed this application in its entirety and certify its accuracy. I release all included, information to COE, and authorize COE to conduct a general criminal background check on me and credit reference check on me and/or the Applicant.

I understand that, as a condition to consideration of this application, all officers of the Applicant listed below may be required to submit to general criminal background checks, and execute an attached Background Information and Authorization Form (attachment 3).

Company Name: _____

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____

Attachment 1

Business Plan

Attachment 2

Background Information and Authorization Form

City of Eden Business Incubator

319 West Blanchard
Eden, TX 76837
325-869-2211 *phone*; 325-869-5075 *fax*
kkeane@wcc.net

Background Information and Authorization Form

This form is being submitted by the owner/officer named below of the Applicant listed below. This form is submitted in connection with the application (the Application for Program Acceptance) of the Applicant for entry into the Business Incubator Program of the City of Eden (COE). All personal information of the officer named below will be treated as confidential in accordance with COE policies. One form must be completed and signed by each officer listed on the application.

I. Background Information

Name of Applicant Company: _____

I certify that I am an officer of the Company, as listed in Section II (d) of the Application for Program Acceptance. I am hereby providing the following mandatory information:

Officer Information

Name: _____

Title: _____

Social Security No.*: _____

Home Address: _____

Home Phone: _____

Other Phone: _____

E-Mail: _____

* Though inclusion of a social security number is mandatory for this application, all social security numbers will be kept confidential in accordance with applicable law. These numbers will only be used to conduct necessary background checks during the application process, to complete any required government filings, and for any other purpose required by law or any governmental agency.

I am aware that acceptance by the COE of this form executed pursuant to the Application for Program Acceptance of the Applicant Company in no way guarantees that such Application for Program Acceptance will be accepted.

I am aware that COE may request additional information pursuant to this form and that the Application for Entry will remain incomplete until such time as the requested information is received by COE.

I am aware that data may be extracted from this form for use in anonymous statistical compilations.

I have completed and reviewed this form in its entirety and certify its accuracy. I release all included information to the COE and authorize the COE to conduct a general criminal background check on me for purposes of completing the Application for Program Acceptance.

Signature: _____

Date: _____