Lenoir-Rhyne University
Center for Commercial and Social Entrepreneurship (CCSE)

Incubation Application
Applications are due December 1st and July 1st for each of the 2 annual incubation periods.

COMPANY INFORMATION

Business Name: _________________________________________________________________

FEIN ___________________________ Business Phone Number: ______________________

Current Business Address: ______________________________________________________

Web Address:______________________________ E-Mail Address: ________________________

Type of Business Structure: • Sole Proprietor • Partnership
• C – Corporation • S - Corporation
• Limited Liability Partnership • Limited Liability Company

Date Company was Established: ______________________

How did you hear about the CCSE?: ______________________________________________

REQUIRED STATISTICAL INFORMATION

Business Owned By: • Female (100%) • Female (At least 51%)
• Male (100%) • Male (At least 51%)

Minority Owned Business: • Yes • No

Dollar amount of Last Quarter’s Sales:$ __________________________

Dollar amount of Monthly Payroll: $ __________________________

Number of Current Employees: _______ Full Time (Include Owners)
_______ Part Time
_______ Total Employment

INTERMEDIARY RELATIONSHIPS

Commercial Bank: ___________________________ e-mail ___________________________

Legal Representation: ___________________________ e-mail __________________________

Accountant: ___________________________ e-mail __________________________

Insurance Provider: ___________________________ e-mail __________________________
OWNERSHIP INFORMATION  Use separate sheet to list additional owners.

Owner’s Name: ____________________________________  Title: ___________________________

__________________________________________________

Address: __________________________________________

Phone #: __________________________________________ e-mail __________________________

% of Ownership: ____________________________________

Owner’s Name (2): _________________________________  Title: ___________________________

__________________________________________________

Address: __________________________________________

Phone #: __________________________________________ e-mail __________________________

% of Ownership: ____________________________________

Owner’s Name (3): _________________________________  Title: ___________________________

__________________________________________________

Address: __________________________________________

Phone #: __________________________________________ e-mail __________________________

% of Ownership: ____________________________________

PRODUCT / SERVICE INFORMATION

Describe your products / services and attach any product / service literature:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Is the entity or any of its owners a patent holder?       • Yes       • No
If yes, please describe _________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

BUSINESS SUMMARY

The following questions are intended to provide a summary of your business. These questions should be answered and submitted to the HCDC Business Center as part of the application as a tenant in the Business Center. The answers should total at least three but no more than five typewritten pages. You can also attach a copy of your Business Plan, if all the information below is included.

1. WHAT IS YOUR PRODUCT OR SERVICE?  
Provide a description of the business, including the range of products and/or services offered. Describe the significant problem that your business addresses.

2. WHAT MAKES YOUR BUSINESS SOLUTION UNIQUE?  
Describe your value proposition.
3. WHAT IS YOUR REVENUE MODEL?
Provide details of the revenue source and mention other strategies if applicable

4. WHO IS YOUR CUSTOMER?
Describe your target market, the purchase decision makers in the market, the sales and distribution channel(s), and the sales cycle. Insure that the information is specific to your business opportunity vs. a generalization of the industry.

5. WHAT DO YOU KNOW ABOUT THE MARKET?
What is the size of the market, who competes and how, and what are the opportunities that you have in the marketplace landscape.

6. WHAT ARE THE COMPETING SOLUTIONS
Describe the alternative products and suppliers that offer your customers a solution. Describe how your solution is superior to the competition.

7. DEFINE YOUR BUSINESS SUCCESS
Describe your vision of success and provide detail on the major milestones that you wish to achieve. Provide current and future challenges for developing the business that you wish to overcome.

8. WHO ARE YOU?
Describe the principle participants in the business. What specific strengths and resources does your team bring to the opportunity? What makes you, as individuals, unique?

ACKNOWLEDGMENT & SIGNATURES
The information in this application is provided for the purpose of applying for tenancy to the LRU CCSE Business Incubator. The information is accurate to the best of the applicant’s knowledge. The applicant understands that personal and/or business information may be requested pursuant to this application and hereby grants consent for such information to be provided to the CCSE. The applicant understands that CCSE and its Advisory Board retain sole decision whether this Application is approved, disapproved or modified.

Completion and submission of the application by the applicant to the CCSE Business Incubator is merely a request for entrance and shall not be construed as an approval or a commitment by the CCSE.

The applicant agrees to hold harmless the CCSE, its staff, employees, agents, volunteers, officers, and trustees from any and all claims, injury, cause of action whatsoever, whether previously, now or hereafter incurred, from any acts or omissions by the CCSE, its staff, employees, agents, volunteers, officers, and trustees pursuant to any technical assistance provided.

The applicant agrees that the CCSE Business Incubator assumes no responsibility for the success or failure of the applicant’s existing or proposed business venture. The role of the CCSE is consultative in nature and any advice or information offered may or may not be used per the applicant’s discretion. Therefore, the applicant releases the CCSE and its staff, employees, agents, volunteers, officers, and trustees from any liability associated with the applicant’s existing or proposed business venture.

Name of Entity: __________________________________________________________________________

Authorized Signature: X___________________________  Signer’s Printed Name: ______________________

Signer’s Title: ________________________________  Date: ______________________________

Please submit application to Dr. Ralph Griffith at ralph.griffith@lr.edu