Sponsored by

BANK OF THE CASCADES

Center for Business & Industry
Chemeketa Community College

Small Business Development Center

EDGE BUSINESS INCUBATOR

APPLICATION FOR ADMISSION

Part 1- Owner & Company Information

Business Owner(s): _____

Business Name: _____

Mailing Address: _____
City / State / Zip

Telephone: _____ Cell Phone: _____

Web Address: _____ E-Mail Address: _____

EIN or Registration #: _____ Owner(s) Date of Birth: ____/_____/_____

Status of Business Date Business Started: ____/_____/_____

- o One year
- o More than one - less than three
- o Three to five years
- o Five + years

How did you hear about Entrepreneur's EDGE?

_____

_____

Part 2- Statistical Information

% Business Ownership: o Female _____ o Male _____

Minority Owned? ☐Yes ☐No - Home Based? ☐Yes ☐No - On-Line? ☐Yes ☐No

Number of Current Employees:

_____ Full Time (Include Owners)
_____ Part Time
_____ Total Employment

Number of Projected (Future) Employees:

	Next Yr	2 yrs	3 yrs
Full Time (Include Owners)	____	____	____
Part Time	____	____	____
Total Employment	____	____	____

Part 3- Intermediary Relationships

Commercial Bank: _____ Phone # _____

Legal Representation: _____ Phone # _____

Accountant: _____ Phone # _____

Insurance Provider: _____ Phone # _____

Part 4- Ownership Information (If more than 2, attach information to application)

Owner's Name #1: _____ Title: _____

Home Address: _____

Home Phone #: _____ % of Ownership: _____

Email Address _____

Owner's Name #2: _____ Title: _____

Home Address: _____

Home Phone #: _____ % of Ownership: _____

Email Address _____

Part 5- Product / Service Information

Type of Business: _____

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: _____

_____

_____

Part 6- Marketing Information

1. Describe the characteristics of your "ideal" customers?
   _____
   _____

2. Where are your "ideal" customers geographically located?
   _____

3. Who are your 3 main competitors? Please list a strength and weakness of each.
   a)_____ b)
_____
   c)_____

4. What is the need for your business (product/service)?
   _____

5. How are your potential customers currently meeting this need?
   _____

Part 7- Finance Information

1. What is the minimum amount you need to take home per month from your business in order to live?
   _____

2. How will you meet personal expenses if your business income ceases?
   _____

3. Approximately what dollar amount of your business start-up and expansion funding came from the following areas:

   Personal funds $_____ Borrowed from bank $_____

   Private investors $_____ Borrowed from family $_____

4. Historical cash flow and cash flow projections:

	Previous Fiscal Yr	Current YTD	Next Year
Income			
Cost of Goods			
Expenses			
Net Profit			

5. Financial Records Systems:
   QuickBooks ☐ Other Software ☐ Hand Ledger ☐ No System ☐

Part 8 – Management Inventory

Please rank your current knowledge from 1 to 5 (5 being the highest) in the following business management areas:

	1	2	3	4	5
Planning & Control					
Professional Development					
Financial Analysis					
Marketing & Advertising					
Human Resources					
Access to Capital					

(NOTE: We are seeking self-identified areas of concern and strength – your answers will NOT impact your eligibility.)