HENDERSON BUSINESS RESOURCE CENTER (HBRC)

Tenant Application

The Henderson Chamber of Commerce Foundation (HCCF) offers a Business Incubator program for start-up or expanding small businesses in Southern Nevada. Potential participants must submit this application and a business plan for review by our HCCF Board to evaluate the company's compliance with the HBRC Business Incubator's requirements. All information contained in the application will be kept completely confidential (confidentiality agreements will be signed upon request of the applicant). The information requested in this application is confidential and will be used by the Henderson Business Resource Center/Incubator to evaluate your readiness to become a client and help us further understand your business venture.

Please fill out all required paperwork per the checklist below and return it to the HBRC.

Application Checklist:		
☐ Completed Application	☐ Business Plan (Page 4)	
☐ Copy of Business License	☐ Copy of Driver's License	
□ Current Credit Report (if available)	□\$50 application Fee	
☐ Financial Projections – Income State (Verification of Information on Page		Flow Forecast for Three Years
APPLICANT INFO		
Date How You L	earned About The HBRC	
Company Name		
Contact Name	Title	
Address		
City/State/Zip Code		
Work Phone Cell		
Email Address		
Website		Is It Currently "Live"
Number of Employees Who Will Work Out	Of This Office Full-Tir	nePart-Time
Employees Names		
What are your anticipated operating hou	rs	



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BUSINESS INFORMATION

Date Business Wo	as Formed	Business/Product/Serv	vice:		
Type of Business	☐ Proprietorship	General Partnership	☐ Limited Partnership	Corporation	
If business is a <u>pc</u>	a <u>rtnership</u> , fill out requ	uested info below for ALL	general partners (including	g yourself if applicable):	
Partner's Name(s	(s)				
Partner's Name(s)	SS #	Perce	nt of Ownership %	
		SS # Percent of Ownership %			
If the business is o	a <u>corporation</u> , pleas	e fill out requested info be	elow:		
Officer Name(s)					
Officer Name(s)					
Officer Name(s)					
E.I.N. Number		State of Incorporation —	Date of Incorp	ooration	
Type of Corpora	tion C Corp	S Corp LLC			
_	☐ Start-Up (Business		eloping product/service, r fully developed, ready to o ng and needs expansion)	•	
Gross Revenue -	Last Year \$	Projected This Year \$	Projected N	lext Year \$	
Net Revenue - Lo	ast Year\$	Projected This Year \$ _	Projected Ne	xt Year \$	
Are there any leg	gal, regulatory, or er	nvironmental issues pendin	ng against your company?	Yes No	
Describe					



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FINANCING/INVESTMENT CAPITAL

Revenue in most rece	ent fiscal year:	:\$	Year Ending			
Revenue in previous fiscal years: \$			\$	\$		
Financing received to	date (Specif	y debt/equity am	ounts) Debt \$	Equity S		
By whom? Self	□Bank	☐ Family/Friends	☐ Individual Investors	□Venture Ca	pitalist	Other
What are the repaym	ent terms of t	he financing? (eq	uity conversion, debt re	payment, royalty	stream %	%, etc.)
How much capital is r	needed to ful	fill your business pl	an? \$	by	(month/	year)
Business Checking Ac	count #		Bank Name	B	Balance_	
Business Savings Acco	ount #		Bank Name	E	Balance_	
Credit Score:						
	pancy		Current space needed		□ 300-4	00 sq ft
Do you anticipate the	at these need	s will change in ye	ears two and three? If s	so, now?		
Space Business Is Curr	ent Occupyir	ng Commerc	ial Facility Home O	ffice Not App	olicable	Othe
Past Landlord Contac	t Info (if appl	icable) Contact N	lame			
Company Name		Phone				
Address			Email			
Do you have any spec	cial utility or s	ecurity requiremen	nts? If yes, please expla	in		



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BUSINESS PLAN

A business plan is required to accompany this application. If assistance or services are needed, please contact the Henderson Chamber of Commerce at 702.565.8951.

Please provide an executive summary of your business plan and include the following information: products/services offered, market niche/served, market strategy, competition, and product differentiation.





BUSINESS INCUBATOR PARTICIPATION

What types of particular (or specific) assistance do you expect from the business incubator program?			
☐ Organization Legal Structure ☐ Prototype Development ☐ Strategic Partnering ☐ Accounting ☐ Website/Social Media ☐ Employee Hiring			
information provided is true to the best of their knowledge, ation can result in the HBRC breaking its lease agreement acknowledges that the Henderson Chamber of Commerce ackground checks with respect to the applicant business F/HBRC will retain this application whether or not it is suired again if applicant does not get approved at this at the applicant understands that a requirement of being erson Chamber of Commerce (HCC) in good standing, at to join prior to moving in and must maintain your			
Signature			
Date			
Signature			
Date			
Signature			



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Title ______ Date _____

