



Hammond Development Corporation

Entrepreneurs. Creatives. Thinkers.

**HDC Associate Office
Client Application**

Business name:

Current business address:

Is your business:

New Existing If existing, year established: _____

Type of ownership:

Proprietorship Partnership Regular Corporation Subchapter S Corp. LLC LLP

Principal who will serve as the main contact with incubator staff:

Other owners/Partners/Stockholders/Members (*name, title, address, phone number of each*):

Do you have a Business Plan?: Yes No

Brief description of business, its products and market:

Initial capitalization of your business, sources, and amounts:

Do you currently need financing for your business?: Yes No If yes, how much?:

For what purpose?:

What type of space are you applying for?:

Office Light Manufacturing Both Associate/Part Time

How many square feet of each do you need?: Office _____ Light Manufacturing

On what date do you need the space?: _____

What special equipment or facility requirements do you have? (*electrical, ventilation, plumbing, ceiling height, etc.*)

_____ What is the long-term vision for your company?

_____ What other markets, including export, do you anticipate expanding your business into?

_____ What entrepreneurial workshops, seminars, or training do you currently have?

_____ What entrepreneurial training do you feel you will need?

Signature of applicant: _____

Date: _____

Name of owner:

Address:

Phone:

Email: