

Technology Incubator Client Application

(Information will be held in confidence and used only for evaluation for admittance to the UTP Incubator)

Business Name _____ Taxpayer ID # _____
 Current Business Address _____ State ____ Zip Code _____
 E-mail _____ Web site URL _____
 Date Formed _____

Business Structure

Registered with Illinois Secretary of State?
 Yes No

Individual Corporation
 Partnership Limited Liability Co.
 Non-Profit Org. Sub S Corporation

Principal Business Owner(s)(Use additional pages if required)

Name _____ Address _____ _____	Phone _____ City _____ State _____ Zip Code _____	Ownership % _____ E-mail _____
Name _____ Address _____ _____	Phone _____ City _____ State _____ Zip Code _____	Ownership % _____ E-mail _____
Name _____ Address _____ _____	Phone _____ City _____ State _____ Zip Code _____	Ownership % _____ E-mail _____

Management Team (Use additional pages if required)

Name _____ Address _____ _____	Phone _____ City _____ State _____ Zip Code _____	Position _____ E-mail _____
Name _____ Address _____ _____	Phone _____ City _____ State _____ Zip Code _____	Position _____ E-mail _____
Name _____ Address _____ _____	Phone _____ City _____ State _____ Zip Code _____	Position _____ E-mail _____

Board of Directors (If you have a Board of Directors Please List Below)

Name _____	Phone _____	E-mail _____
Name _____	Phone _____	E-mail _____
Name _____	Phone _____	E-mail _____
Name _____	Phone _____	E-mail _____



Technology Incubator Client Application — Page 2

Business Description (Including products, processes and/or services)

Summary of Intellectual Property Position

Summarize your Market(s), including Marketing Strategy (if available)

Who are your Competitors?

Employees

Current: Full-Time _____ Part-Time _____ Projected in two years: Full-Time _____ Part-Time _____

Do you have a Business Plan? Yes No

If yes, please attach to this application. If No, when do you expect to have one? _____

Services Needed

In order of priority, list the kinds of expertise, guidance, or support your company would seek from the UTP Technology Incubator or External Resources?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

References

Trade References

Name _____ Company _____ Phone _____

Name _____ Company _____ Phone _____

Current Bank _____ Bank Officer _____

Services Provided: Checking Savings Loan Line of Credit Investment

Accountant Name _____ Firm _____ Phone _____

Lawyer Name _____ Firm _____ Phone _____



Technology Incubator Client Application — Page 3

Certification

My signature below certifies that all the information contained in this application is true and complete. I authorize the UTP Incubator to verify the information contained in this application by contacting bank, trade and other sources. You may exchange with or furnish information to others regarding your credit experience with me and I agree to release you from all liability that may result. I understand that this application, when submitted becomes the property of the UTP Incubator and that the application will be retained by the Incubator whether or not my application is approved. I also understand that the information contained in this application will be used only to determine my eligibility for the incubator and not disseminated beyond the incubator staff and board of advisors without my written approval.

Application Signature and Title

Date

Attachments

(To the extent available, please attach the following documents)

- ___ Articles of Incorporation
- ___ Current Business Plan or Preliminary Draft
- ___ Resumes of Current Officers
- ___ Copy of Most Recent Financial Statement and Current Interim Financial Statement

Please Send to:

Daniel F. Marselle
Director
University Technology Park at IIT
3440 South Dearborn Street, Suite 2125
Chicago, IL 60616
marselle@iit.edu
312-567-3900
312-567-3911 fax

