



## Resident Application Form

Date of Application: \_\_\_\_\_

Date Your Business/Organization Would Like to Enter the Hub: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### 1. Company Profile

a. Detail your principal product(s) or service(s).

b. Describe the market segment or segments that you are targeting.

c. Indicate the current status of the business and explain each question in detail.

For example,

Have you completed a business plan? Y\_\_N\_\_

Do you have a product prototype? Y\_\_N\_\_

Have you completed market research? Y\_\_N\_\_

Have you applied for a patent or copyright? Y\_\_N\_\_

Do you have any sales yet (if so, explain in detail)? Y\_\_N\_\_

Have you applied for any financing? Y\_\_N\_\_

What other progress have you made? Y\_\_N\_\_

**2. What financial resources, if any, do you currently have to support the business?**

**3. Incubator Needs and Requirements**

How many employees will the business have during its first six months of operation?

\_\_\_\_\_

How many of these employees will actually be working in the Hub? \_\_\_\_\_

Do you require installation of any equipment in the incubator in support of your business? Please explain.

Does your business have any unique space, storage, equipment, software, meeting room, copy services, clerical support or other requirements? Please explain.

Describe your plan for generating sales revenue over the next six months.

#### **4. Rationale for Entry into the Hub**

Explain your expectation of participation in the Innovation Hub. As part of your rationale, indicate the length of time you would expect to be in the Hub.

**Please submit this completed form with supporting documentation to:  
Melton Center for Entrepreneurship and Innovation  
Room 123 MCOB  
Electronically to: [markweaver@southalabama.edu](mailto:markweaver@southalabama.edu)**