

**CLIENT APPLICATION FORM**  
**VERMONT CENTER FOR EMERGING TECHNOLOGIES**

Name of Business: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Is your Business:  New     Existing    Since: \_\_\_\_\_  
(year)

2. Form of Business: (Check one):  
 Partnership     Corporation     Sub 'S' Corporation     Not for Profit

3. Briefly describe your business, its products/services, and the technology on which it is based:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe activity to be undertaken at the incubator:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Estimate the investment to date in the business:  
 \$0 - \$50,000     \$50,000 - \$100,000     \$100,000 - \$150,000     Over \$150,000

## Company and Management Team

6. Describe your company's stage of development (Check one):  
 Idea/Concept       Product/service development       Marketing product/service

7. Is the company licensed to do business in Vermont?    Yes       No

8. What revenues from sales have been made to date? \$ \_\_\_\_\_

9. List the individuals that will serve as your company's Officers and Board of Directors, including their position and qualifications:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Background: \_\_\_\_\_

Active in daily operations: \_\_\_\_\_

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Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Background: \_\_\_\_\_

Active in daily operations: \_\_\_\_\_

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Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Background: \_\_\_\_\_

Active in daily operations: \_\_\_\_\_

10. Have any Officers or Directors ever been convicted of a crime?    Yes       No

If yes, please describe: \_\_\_\_\_

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11. Estimate the total number of employees (including principals) anticipated:

At the time of occupancy: \_\_\_\_\_  Full-time \_\_\_\_\_  Part-time  
One year later: \_\_\_\_\_  Full-time \_\_\_\_\_  Part-time  
Two years later: \_\_\_\_\_  Full-time \_\_\_\_\_  Part-time

12. Does the company currently utilize outside professional advisors (i.e. accountants, lawyers, etc.)?  Yes  No

13. Please check and describe the services you will be seeking from the Center?

Accounting: \_\_\_\_\_

\_\_\_\_\_

Computer Assistance: \_\_\_\_\_

\_\_\_\_\_

Financial Assistance: \_\_\_\_\_

\_\_\_\_\_

Legal: \_\_\_\_\_

\_\_\_\_\_

Marketing Assistance: \_\_\_\_\_

\_\_\_\_\_

Product Assistance: \_\_\_\_\_

\_\_\_\_\_

Technology Assistance: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

14. Estimate square footage required to conduct your business: (standard office is approximately 110 square feet):

1st Year \_\_\_\_\_  Office \_\_\_\_\_  Manufacturing

Other (describe): \_\_\_\_\_

2nd Year \_\_\_\_\_  Office \_\_\_\_\_  Manufacturing

Other (describe): \_\_\_\_\_

3rd Year \_\_\_\_\_  Office \_\_\_\_\_  Manufacturing  
 Other (describe): \_\_\_\_\_

## Market Potential

15. Do you have a marketing plan (If Yes, include with application)?

Yes       No

16. Is there a working prototype of your product/service?       Yes       No

17. Can your product/service be patented?       Yes       No       Don't Know

18. Must you obtain any regulatory approvals for your product/service?

Yes       No       Don't Know

19. How long has it taken to develop your product/service?

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20. Describe the target market for your product:

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21. Describe your products advantage. How does your product/service answer the needs of your target market and what makes it better than your competitors' products/services?

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22. Have you performed a thorough cost analysis of producing a single unit of your product/service?

Yes       No (If yes, include with application).

## Operations

23. Do you require any specialized equipment or facilities?  Yes  No  
If yes, please describe below:

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24. If you answered yes to question #23 above, do you plan to purchase or lease this equipment?  
 Purchase  Lease

25. Do you plan to outsource any portion of your production/service operations?  
 Yes  No If Yes, please describe below.

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## Risk Factors

26. Briefly describe the potential risk factors which may impact your company. Below are some common risk factors, though all may not apply to your business. Use back of this page or a separate page if necessary.

a. Economic (i.e. exchange or interest rates, etc.): \_\_\_\_\_

\_\_\_\_\_

b. Financial: \_\_\_\_\_

\_\_\_\_\_

c. Regulatory: \_\_\_\_\_

\_\_\_\_\_

d. Competitors: \_\_\_\_\_

\_\_\_\_\_

e. Product Development: \_\_\_\_\_

\_\_\_\_\_

f. Management Team: \_\_\_\_\_

\_\_\_\_\_

g. Other: \_\_\_\_\_

\_\_\_\_\_

27. In addition to the application, please attach the following:

**a. Resumes of principals involved**

**b. Business Plan** - A business plan is not required for admission to the Center. Companies without business plans may be admitted under the condition that they complete a business plan within 90 days of admission. The staff of the Center is available to assist in the preparation of this plan.