



Virtual Office Application

PERSONAL/COMPANY INFORMATION

Date: _____

1. Name of Applicant (Business): _____

Contact Person for this Application: _____

Telephone (Day): _____ Cell : _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Web Site Address: _____

2. Type of business entity (if applicable, check one):

Corporation

Partnership

Limited Liability Company

Sole Proprietorship

Date business registered/established: _____

State of incorporation or registration (if applicable): _____

3. Names of current owners, partners and principal officers (please attach resumes if available).
For owners, indicate the ownership percentage for each person.

Owners, partners, principal officers: % Ownership: Residence Address:

4. Present number of employees: Full-time: _____ Part-time: _____

5. Projected number of employees (12 months from present):
Full-time: _____ Part-time: _____

6. Describe the amount and type of financing employed to date (personal resources, private investors, government loans/grants, other): _____

7. Please indicate if your business requires additional financing and, if so, the amount/type of financing that is planned and the necessary timing for the financing.

| | | |
|--------------------------------|-----------------|------------------|
| 8. <u>Business References:</u> | <u>Contact:</u> | <u>Phone No:</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SERVICES INFORMATION

1. Which of the following Services would you consider using if you became an incubator virtual client:
Mark all those that apply:

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Telephone service | <input type="checkbox"/> | Accounting | <input type="checkbox"/> |
| Call Center Capabilities | <input type="checkbox"/> | Legal | <input type="checkbox"/> |
| Dedicated Internet access | <input type="checkbox"/> | Marketing | <input type="checkbox"/> |
| IT maintenance & networking assistance | <input type="checkbox"/> | Human Resources | <input type="checkbox"/> |
| Photocopying/printing/scanning | <input type="checkbox"/> | Grant assistance (SBIR, STTR, etc.) | <input type="checkbox"/> |
| Fax service | <input type="checkbox"/> | Loans (Bank, GOED, SBA) | <input type="checkbox"/> |
| Conference rooms | <input type="checkbox"/> | Equity Financing | <input type="checkbox"/> |
| AV equipment | <input type="checkbox"/> | Patent assistance | <input type="checkbox"/> |
| Resource library | <input type="checkbox"/> | Mentoring programs | <input type="checkbox"/> |
| Shipping/package assistance | <input type="checkbox"/> | Referrals | <input type="checkbox"/> |
| Notary Service | <input type="checkbox"/> | Networking activities | <input type="checkbox"/> |
| Programs/seminars | <input type="checkbox"/> | Experienced faculty/consultants | <input type="checkbox"/> |
| Business plan development | <input type="checkbox"/> | Student assistance/interns | <input type="checkbox"/> |

2. In addition to the above services, how would an affiliation with SDTBC help you? What other assistance/services would you expect to receive from SDTBC?

3. Do you have any special/unique requirements?

4. Approximate date you wish to begin your virtual client status at SDTBC? _____

5. Do you anticipate growing and moving into the SDTBC facility? _____

6. If yes, when do you expect that you may need to lease space at SDTBC? _____

Applicant understands that the information provided above will be used for evaluation purposes by SDTBC. If any portion of the information is confidential, you must so indicate on the form. Applicant hereby certifies that to the best of its/his/her knowledge all the information herewith contained is true and accurate. Applicant understands that additional information may well be required to process this application.

Submitted by: _____

Title: _____

Return to: **South Dakota Technology Business Center**
2329 N. Career Ave., Suite 1
Sioux Falls, SD 57107
FAX: (605) 275-8001