



Applicant Information		
Name:		Date:
Business Name:		Lease Start Date:
Personal Home address:		
City:	State:	ZIP Code:
Business Phone:		Personal Phone:
Applicant's Title:		Start date of business:
Email:		
Website:		
Business registered with the State of Utah? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Status		
New Business <input type="checkbox"/>		
Existing Business <input type="checkbox"/> Do you have a dependable revenue source?		
Legal Organization of Firm: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Corporation <input type="checkbox"/>		
Description of Business product or service:		
Is your Business a: Franchise <input type="checkbox"/> Independent Agent <input type="checkbox"/> Multi-Level <input type="checkbox"/>		
Business Plan		
Do you have a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Employees (if currently operating)		
Full Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Estimated number of employees in the next three years?
Please provide a brief statement with this application the following information:		
<ul style="list-style-type: none"> • Your business plan for-profit start-up. • How you will be marketing your product or service. • Demonstrate your need for the incubation benefits to grow your business. • Your businesses reasonable financial projections to demonstrate sufficient capital to pay the monthly lease obligations. 		
Requesting Lease Options		
Small Office	\$280 per month	<input type="checkbox"/>
Large Office	\$300 per month	<input type="checkbox"/>
Membership	\$150 per month	<input type="checkbox"/>
		<input type="checkbox"/>
Special Services, Facility or Utility Needs		
Phone Requirements:		
Internet Requirements:		
Mailbox <input type="checkbox"/> Yes <input type="checkbox"/> No	Printer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scanner <input type="checkbox"/> Yes <input type="checkbox"/> No	Copier: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax: <input type="checkbox"/> Yes <input type="checkbox"/> No
References and Signatures		
Name:	Address:	Phone:
<i>I authorize the verification of the information provided on this form is accurate.</i>		
Signature of applicant:		Date:
Approved: _____ BRC		Date:
Not Approved: _____ BRC		Date: