



Building dreams, inspiring audiences and creating dramatic opportunities

Arts-Business Incubator - Application Form

Applicant's Name: _____

Company Name/Proposed Company Name: _____

Personal Address: _____

City: _____ State: _____ Zip: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____ Fax: _____

Email: _____

SELECTION ONE: ELIGIBILITY CHECKLIST

Check yes or no for each question:

YES NO

1. Are you a 501(c)(3) organization?

2. Do you receive funding from the City of Dallas Office of Cultural Affairs?

SECTION TWO: APPLICATION

(PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY)

1. Is your business new or existing?

If it is an existing business: how long in existence?

If this is a new business: What steps have you taken towards establishing your business?

Describe the stage of development for your business at this time:

2. Describe ownership (proprietorship, partnership, corporation):
3. Give name(s) and contact information of individual(s) who will occupy the incubator space.

4. Briefly describe your business, its products and markets:

5. Describe your background or experience with product/service of the business:

6. Can your product or technology be patented, trademarked or protected from duplication (if applicable)?

7. Your reason(s) for seeking office space:

8. How do you intend to capitalize (finance) this business?

9. Estimated employees:
At time of occupancy: Full-time _____ Part-time _____

10. Does your business have special facility needs? (high voltage, refrigeration, special security, etc)?

11. Does your business use any hazardous or toxic materials? If so, describe:

12. Do you currently have the following? (Check all that apply):

- _____ Board of directors (if applicable) _____ Strategic Plan
- _____ Marketing Plan _____ Board Policy
- _____ Audited financial statements

13. What are your organization's strengths?

14. What potential problems do you foresee in your business, and/or in entering your market?

15. Check areas of assistance requested from TABI (whichever apply):

- _____ Strategy Planning _____ Management
- _____ Financial _____ Grantwriting
- _____ Legal _____ Performance/Meeting Space
- _____ Technical Support _____ Other: _____
- _____ Marketing

16. Requested occupancy date: _____

17. Are you a resident of Dallas County? Yes No

If yes, how long? _____

If no, do you have plans to relocate here?

18. Please provide any additional information you feel is relevant:

I certify that everything I have stated in this application and attached to it is true to the best of my knowledge. I understand that you will retain this application and any attached materials whether or not it is approved.

Signature: _____ Date: _____

The information on this application will be kept confidential

For staff use only:

Date stamp:

Overall suitability rating:

- _____ Very high
- _____ High

Via: _____

Reasons for ratings:

- _____ Moderate
- _____ Low

Received by: _____