



JAMES W. STRATE CENTER FOR BUSINESS DEVELOPMENT

From concept to corporation...We help bring your ideas to life.



Enid, Oklahoma



Business Information

Legal Business Name _____ Phone _____

Physical Address _____ Website: _____

Registered with Oklahoma Sec. of State: Yes _____ No _____ Date Business Formed _____

Business License: City _____ County _____

Current Number of Employees: # Full Time _____ # Part Time _____

Business Structure: Partnership _____ Corporation _____ Sole Proprietorship _____ LLC _____

Do you have a business plan? Yes ___ No ___ Partial ___ Exp. Completion date: _____

Do you need business plan assistance? Yes ___ No ___

Briefly describe your product or service: _____

Briefly describe your target market and market size: _____

Principals

Name: _____ Title: _____ SSN# _____

Home Address: _____

Home Phone _____ Cell _____ E-mail: _____

Name: _____ Title: _____ SSN# _____

Home Address: _____

Home Phone _____ Cell _____ E-mail: _____



Application must be filled out **COMPLETELY**.

MAIL, FAX, OR EMAIL TO:

Autry Technology Center
James W. Strate Center for Business Development
1201 W. Willow • Enid OK 73703
Fax: 580.242.5603 • bgaddy@autrytech.com

QUESTIONS? **Brian Gaddy**, Coordinator
Center for Business Development
580.242.2750, ext. 198



Please send the following documents. You can mail the documents to the address listed to the left.

- Business Plan
- Resumes of principals
- Current financials
- Credit report
- Current brochures or marketing material

Statement of Expectation

Why do you wish to locate in the Center for Business Development and how do you think the CBD can assist you in developing your business?

Certification Statement

The applicant(s) hereby certifies that the foregoing information and statements contained in this application or attached documents are true and correct and are furnished to the Center for Business Development for the purpose of gaining admission into the business incubation program. Applicant(s) authorize the Center for Business Development to investigate information in this application by contacting its references and otherwise checking applicant's background. Applicant further authorizes any person or agency to furnish to the Center for Business Development any information that it may have or obtain in response to such inquiries.

Applicant Signature

Date

Applicant Signature

Date

FOR OFFICE USE

Initial box when completed	Date	Initial box when completed	Date
<input type="checkbox"/> Application received		<input type="checkbox"/> Approved	
<input type="checkbox"/> File created		<input type="checkbox"/> Disapproved	
<input type="checkbox"/> Committee Review		<input type="checkbox"/> Notification Sent	