



**CONFIDENTIAL**

**THE ENDEAVOR CENTER  
TENANT APPLICATION**

**I. GENERAL INFORMATION**

Name of applicant: \_\_\_\_\_

Current address: \_\_\_\_\_

Former address if less than two years at current address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email : \_\_\_\_\_

Business name: \_\_\_\_\_

Type of company:     Sole Proprietorship                       Corporation  
                                  Partnership     Subchapter S

Is business currently in operation?     Yes                       No

    If yes, year business founded: \_\_\_\_\_

    If no, where are you employed? \_\_\_\_\_

Do you currently have a Ohio business license?                       Yes                       No

Do you have a business plan?                       Yes                       No

**II. INFORMATION ON BUSINESS PRODUCT/SERVICE**

Briefly describe your product or service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe the market for your product/service (your target customer): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what geographic areas are your customers located? \_\_\_\_\_

\_\_\_\_\_

Who are your competitors? (Name at least two): \_\_\_\_\_  
\_\_\_\_\_

Why do you think you have a competition advantage? \_\_\_\_\_  
\_\_\_\_\_

How do you market and distribute your product or service?

Direct mail

Personal contacts made by owner

Sales force

Publication advertising

### III. **BUSINESS EXPERIENCE**

Describe your past experience that relates to your product/service and the length of that experience (attach resume if available): \_\_\_\_\_  
\_\_\_\_\_

List the names and titles of any other officers or key personnel (attach resumes if available): \_\_\_\_\_  
\_\_\_\_\_

### IV. **BUSINESS SERVICE NEEDS**

What types of office support services are you interested in?

Receptionist

Secretarial/Word Processing

Copier

Fax Machine

Mail Handling

Conference Room

Computer

Other

Do you currently have an accountant?  Yes  No

Do you currently have an attorney?  Yes  No

Do you need management assistance?  Yes  No

If yes, what type? \_\_\_\_\_

Do you need marketing assistance?  Yes  No

If yes, what type? \_\_\_\_\_

All tenants will be assigned a three-member advisory board of local business professionals. What areas of expertise would you be interested in having represented on your advisory committee? \_\_\_\_\_  
\_\_\_\_\_

**V. FACILITY REQUIREMENTS**

Are you currently occupying a facility (either in your home or at a commercial location)?

\_\_\_\_ Yes                      \_\_\_\_ No

If yes, what is your current square footage?

Office: \_\_\_\_\_ sq. ft.                      Manufacturing: \_\_\_\_\_ sq. ft.

What is your approximate monthly cost for this facility?

Rent: \$ \_\_\_\_\_                      Utilities: \$ \_\_\_\_\_

How many square feet of space does your business require?

Office: \_\_\_\_\_ sq. ft.                      Manufacturing: \_\_\_\_\_ sq. ft.

If you require manufacturing space, please describe the machinery and equipment to be located on the premises and what service support is needed to maintain this equipment (i.e., electric load, venting, and cooling). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If accepted as a tenant, when would you want to start occupancy in the facility? \_\_\_\_\_

How many total employees will be occupying space?

Current                      1 Year                      2 Years

Full-time                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Part-time                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

**VI. OTHER**

How did you learn about the Endeavor Center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you think your participation in the center would benefit your business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a brief typed narrative which generally describes your business, market, and operational plan.

**VII. BUSINESS FINANCIAL INFORMATION**

What are your projections for total gross sales volume?

Year 1 \$ \_\_\_\_\_                      Year 2 \$ \_\_\_\_\_                      Year 3 \$ \_\_\_\_\_

What is the amount and source of financing for operating your business?

A. Existing loan(s)      Amount \$ \_\_\_\_\_

B. Cash/Equity              Amount \$ \_\_\_\_\_

C. Operating expenses are/will be covered by sales

D. Other

Are you currently seeking additional funding for your business?

\_\_\_ Yes      \_\_\_ No      If yes, please state funds needed: \$ \_\_\_\_\_

Where do you plan to obtain these funds? \_\_\_\_\_

Please list your business's bank references (include branch location and representative name): \_\_\_\_\_  
\_\_\_\_\_

Please complete the attached cash flow projection worksheet and return with your application.

I am applying for admission to the Endeavor Center. I understand that the information contained in this application will be held in the strictest confidence. I understand that as a part of the screening process, my credit history and financial references may be investigated. I further understand that this application is subject to review and in no way guarantees my admittance to this program and that no liability will be assumed by the Endeavor Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:

Jerry Driggs  
Endeavor Center Manager  
1862 Shyville Road  
Piketon, OH 45661