

# TENANCY APPLICATION

## Bessemer Business Incubation System

*Bessemer Business Center*  
1020 Ninth Avenue SW (US Hwy. 11)  
Bessemer, AL 35022  
(On the Campus of Bessemer State Technical College)

*Downtown Entrepreneurial Center*  
401 19<sup>th</sup> Street North  
Bessemer, AL 35020

*This application for tenancy in the Bessemer Business Incubation System must be completed in its entirety for prompt consideration. Additional information may be requested as part of the application process. Proprietary information will be treated as confidential.*

Name of company: \_\_\_\_\_

Name of person completing this application: \_\_\_\_\_

**A** Should a lease be ratified, who will be responsible for the applicant company's operations at the Business Center?

### PRIMARY CONTACT

### SECONDARY CONTACT

Name: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

Who will be legally responsible for the lease if one is ratified?

\_\_\_\_\_

Describe your company's operations that you propose to locate at the Business Center by checking the appropriate answer (s):

Product/Service: \_\_\_\_\_

The company proposes to have a(n):

- |  |  |
|--|--|
| <input type="checkbox"/> Manufacturing plant | <input type="checkbox"/> Administrative Office         |
| <input type="checkbox"/> Assembly plant      | <input type="checkbox"/> Research and development ctr. |
| <input type="checkbox"/> Service center      | <input type="checkbox"/> Employee training center      |
| <input type="checkbox"/> Showroom            | <input type="checkbox"/> Distribution center           |

**B** How is your company structured?

**SOLE PROPRIETORSHIP**

a. How many years has the business filed tax returns? \_\_\_\_\_

b. List all officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCORPORATED**

a. Which states?

\_\_\_\_\_

b. On what date?

\_\_\_\_\_

c. Name any corporate parent: \_\_\_\_\_

\_\_\_\_\_

d. List the officers and % of stock owned:

\_\_\_\_\_

\_\_\_\_\_

**PARTNERSHIP**

a. What year did you first file with the IRS as a partnership? \_\_\_\_\_

b. List all partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LLC**

a. Which state(s)?

\_\_\_\_\_

b. On what date?

\_\_\_\_\_

Present address of your company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business telephone numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Business FAX number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Federal tax ID number or employer ID: \_\_\_\_\_

Bessemer business license number: \_\_\_\_\_

Professional Assistance Required - References can be provided for these services upon request

Clerical \_\_\_\_\_

Accounting \_\_\_\_\_

Legal \_\_\_\_\_

Marketing \_\_\_\_\_

Computer \_\_\_\_\_

Engineering \_\_\_\_\_

A written Business Plan is required before approval. Do you require assistance to complete the Plan? \_\_\_\_\_

**C** What are your site criteria?

Office Space

a. How much space do you need?

\_\_\_\_\_

b. List the office equipment that you will have on site:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. List your other criteria:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Industrial Space

a. How many square feet? \_\_\_\_\_

b. List your capacity need for:

1. Electricity \_\_\_\_\_

2. Natural Gas \_\_\_\_\_

3. Water/Sewer \_\_\_\_\_

c. List the machinery that will be used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. List your other criteria:

\_\_\_\_\_

\_\_\_\_\_

List any flammable, volatile, or toxic chemicals you propose to have on site at any time:

\_\_\_\_\_

How will you dispose of your hazardous materials that cannot legally be placed in the sewer system, trash dumpster or landfill?

\_\_\_\_\_

\_\_\_\_\_

Define your reason for selecting the Business Center as a site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When do you desire to begin a lease (should one be ratified)? \_\_\_\_\_

When do you anticipate needing additional space? \_\_\_\_\_

How many employees will be on site initially? \_\_\_\_\_

Projected number of employees to be on site at the end of the year? \_\_\_\_\_

**D** List three credit references. These references may be contacted on a confidential basis.

BANK	CREDIT REFERENCE	CREDIT REFERENCE
Name: _____	_____	_____
Principal contact: _____	_____	_____
Phone number: _____	_____	_____
<input type="checkbox"/> Business <input type="checkbox"/> Personal	Type of account: _____	Type of account: _____
	_____	_____

Return to: Devron Veasley  
Bessemer Business Center  
1020 Ninth Avenue SW  
Bessemer, AL 35022  
Ph: (205) 481-2101  
Fx: (205) 481-2100

Submission of this application is only to allow the Business Incubation System to consider leasing space and/or extending services to the listed applicant. In no way does the issuance or acceptance on an application guarantee that a lease proposal will be extended and/or ratified. Data may be extracted for statistical compilation purposes. The incubation system's Board of Directors makes the final acceptance/rejection decision on applications and lease ratifications.

I have completed this application in its entirety and certify to its accuracy and release this information to the Bessemer Business Incubation System.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_