
SUPERIOR BUSINESS CENTER, INC.
1423 North 8th Street
Superior, WI 54880

Application for Admission

PART I. APPLICATION SUMMARY

A. Name of Business Wisconsin Taxpayer I.D. #

 Address Telephone #

 City, State, Zip

 Applicant's Name Home Telephone #

B. BUSINESS ENTITY (check all that apply)

Corporation S-Corporation Partnership

S-Corporation Minority Business Enterprise

Women's Business Enterprise

Year Business Established _____ Present # of Employees _____

Annual Sales _____

C. BUSINESS STATUS

Start-Up Business Expanding Home-Based Business

Other (please explain) _____

D. DESCRIPTION OF PRODUCT/SERVICES

E. LOCATIONS OF OTHER BUSINESSES OWNED OR OPERATED

Name of Business

Location

F. JOB/EMPLOYEES SUMMARY

| Type | Current #FTE | #FTE Created | Salary Range |
|--|--------------|--------------|--------------|
| a. Administrative, engineering, scientific | _____ | _____ | _____ |
| b. Instruction, teaching and related | _____ | _____ | _____ |
| c. Technical, clerical, sales, and related | _____ | _____ | _____ |
| d. Service occupations | _____ | _____ | _____ |
| e. Forestry, fishing, farming, hunting | _____ | _____ | _____ |
| f. Precision production, craft, repair | _____ | _____ | _____ |
| g. Operators, fabricators, laborers | _____ | _____ | _____ |
| h. Other | _____ | _____ | _____ |

PART II. SUPPLEMENTAL INFORMATION

A. On a separate sheet, please discuss the following (or submit a business plan that adequately answers all of the questions):

1. What features of the SBC, Inc. program do you believe your business will most benefit from, and why?
2. How will you finance your small business? Do you have sufficient capitalization to meet the business' operational expenses for a minimum of six months? If financing is from a bank or investor, attach a letter from such stating their commitment to financing the product.
3. Is your business research based? If YES, describe your functional experience in the field and the status of your product (i.e. prototype exists, application for patents, production in place, etc.).
4. What potential exists for University or Technical College faculty and/or students to assist you in your business while at the SBC, Inc.
5. Is the operation of this business a full-time pursuit by yourself or another partner?

B. In order for this application to be considered complete, please attach the following:

1. **A complete written business plan.** This must include (but is not limited to) a description of the market, your employee needs, and three years of projected financial statements. These statements include profit and loss, balance sheet, and cash flow.
 2. Personal resumes of key administrative personnel.
 3. Past three years financial statements for an existing business. These can be income tax returns, compiled or reviewed statements.
 4. All other supporting information that you would like to submit. Examples include: brochures, product sample, advertising copy, letters of recommendation, etc.
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PART IV. CERTIFICATION

I hereby declare and certify that this application is true and correct to the best of my knowledge and belief. I authorize the Superior Business Center, Inc. to communicate with any person, firm, or corporation to obtain such information as it may require concerning the statements made in this application and agree that the application shall remain its property whether or not any admission to the Superior Business Center, Inc. program is granted.

Signed: _____

Dated: _____

The Superior Business Center, Inc. is an equal opportunity program, which makes no distinction in the acceptance of tenants or in any activities on the basis of race, religion, gender, ethnic origin, sexual preference, disability, age, or political affiliation.