



## 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	