

AUTRY

TECHNOLOGY CENTER
STRATE CENTER

POWERED BY CAREERTECH

APPLICATION



STRATE CENTER

2020 Willow Run

Enid, OK

jhuffman@autrytech.edu



580.242.5603

autrytech.edu

FROM CONCEPT TO CORPORATION...WE HELP BRING YOUR IDEAS TO LIFE

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: _____

Home Address: _____

Home Phone _____ Cell _____ E-mail: _____

Name: _____ Title: _____

Home Address: _____

Home Phone _____ Cell _____ E-mail: _____

BUSINESS OPERATIONAL SPACE NEEDS

<input type="checkbox"/> Office	Sq. Ft. Needed	Yr. 1 _____	Yr. 2 _____	Yr. 3 _____
<input type="checkbox"/> Research/Lab	Sq. Ft. Needed	Yr. 1 _____	Yr. 2 _____	Yr. 3 _____
<input type="checkbox"/> Manufacturing	Sq. Ft. Needed	Yr. 1 _____	Yr. 2 _____	Yr. 3 _____
<input type="checkbox"/> Storage	Sq. Ft. Needed	Yr. 1 _____	Yr. 2 _____	Yr. 3 _____

Date anticipated entering the Strate Center: _____

Anticipated New Jobs: Yr. 1 _____ Yr. 2 _____ Yr. 3 _____

Anticipated Sales Revenue: Yr. 1 _____ Yr. 2 _____ Yr. 3 _____

EQUIPMENTWill you require a commercial kitchen?: Yes No

If Yes, Explain: _____

Will you use special lab facilities, toxic, corrosive, or flammable chemicals? Yes No

If Yes, Explain: _____

Will you require special or high use electrical power? Yes No

If Yes, Explain: _____

Will you generate noise that requires soundproofing and/or special partitions? Yes No

If Yes, Explain: _____

Other special Needs? _____

Please describe what type of equipment will you use in the production of your product(s)/service?

SERVICESWill you require the use of conference/seminar facilities? Yes No Unknown Will you require the use of a receptionist?: Yes No Unknown **REFERENCES**

Bank Reference: Bank Name _____ Account Number _____

Contact Information: _____

Professional/Trade/Employer References:

(1) Contact Information: _____

(2) Contact Information: _____

APPLICATION MUST BE FILLED OUT COMPLETELY.

MAIL, FAX, OR EMAIL TO:

AUTRY TECHNOLOGY CENTER

Strate Center
 1201 W. Willow • Enid OK 73703
 Fax: 580.242.5603 • jhuffman@autrytech.edu

**QUESTIONS?
 580.242.2750**

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 *(if requested)*
- Current brochures or marketing material

STATEMENT OF EXPECTATION

Why do you wish to locate in the Strate Center 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 Strate Center for the purpose of gaining admission into the business incubation program. Applicant(s) authorize the Strate Center 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 Strate Center 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	