DeKalb County Government

Business Incubator Program

Pre-Incubation Application

1.) Applicant Name: _____

2.) Applicant Address: _____ IL _____

3.) Cell Phone Number: _____

4.) Email Address: _____

5.) Describe what business venture you want to pursue.

6.) Why do you need the assistance of our incubator program?

7.) If you are chosen for the incubator program, how long from the time you are chosen would you need before you could start? _____

8.) During what you envision would be a typical month, how much time do you expect to be in our facility? Hours Per day _____ Days Per week _____ Days Per month _____

9.) How many months do you project that you would need to use the incubator program? _____

10.) Will you be working by yourself or with others on this project? _____

11.) How many hours would you work? _____ What hours would you work?

(Example: 4:00p.m. to midnight.) _____ a.m. /p.m. to _____ a.m./p.m.

12.) How many people will be utilizing the space? _____

13.) What equipment will you be using to work on your project?

14.) Do you currently have access to that equipment? _____

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15.) Applicant Name: _____

16.) How do you plan to sustain yourself financially while you are working on your business venture?

17.) How would your business venture benefit this community?

18.) Please provide names and phone numbers for 3 references and how you know each reference.

(18a.) Name: _____Phone:_____

Relationship: _____

(18b.)Name: _____Phone:_____

Relationship: _____

(18c.)Name: _____Phone:_____

Relationship: _____

19.) Anything else you wish to add?

_____ _____

Signed Date

Print Form