

**DeKalb County Business Incubator  
2500 N. Annie Glidden Road  
DeKalb, IL 60115**

**Member Application**

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

Home Address: \_\_\_\_\_

What is your annual personal income range? \$\_\_\_\_\_ to \$\_\_\_\_\_

You must attach copies of your most recent state and federal tax returns with this application.

**Business Structure: (Please circle one)**

Sole Proprietor      Corporation      Partnership      Limited Liability Company      Non-Profit

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

Taxpayer ID No. \_\_\_\_\_

Current Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Date Formed: \_\_\_\_\_

Purpose of your business or "why" did you form this business: \_\_\_\_\_

Is your business registered with the State of Illinois? (**Please Circle One**) Yes    No

Present number of Employees: \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

General Liability Insurance Coverage (**Please Circle One**) Yes    No

If yes, which company? \_\_\_\_\_

**Initial Capitalization (Please Circle One)**

Less than \$10,000                      \$10,001 to \$25,000                      \$25,001 to \$50,000  
\$50,001 to \$100,000                      \$100,001 to \$500,000                      Over \$500,000

**Principal Business Owner(s) (Use additional page if required)**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Ownership% \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Ownership% \_\_\_\_\_

Address: \_\_\_\_\_

**Do you have a written business plan? (Please Circle one)**

Yes – If yes, please attach    NO – If no, expected date of completion? (MM/YY) \_\_\_\_\_

**General Description and Objective for Next 2 Years (Note: If admitted member will be required to articulate in the Participation and Membership Agreement, specific and expected goals or milestones to be achieved in first year that will be subject to periodic reviews).**

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

**Indicate Type of Membership (Please check desired membership and services):**

\_\_\_ Weekly Pass \$ \_\_\_\_\_  
\_\_\_ Monthly Pass \$ \_\_\_\_\_

\*Security deposit of \$ \_\_\_\_\_ will be taken.

Desired Date of Occupancy? MM/YY \_\_\_\_\_/\_\_\_\_\_

Expected length of membership at the Incubator: \_\_\_\_\_

**Please provide name, company and phone number of two business/trade references:**

Name: \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Company \_\_\_\_\_ Phone \_\_\_\_\_

Current Bank \_\_\_\_\_ Bank Officer \_\_\_\_\_

**Services Provided (Please Circle One):**

Checking     Savings     Loan     Line of Credit     Investment

Accountant \_\_\_\_\_ Firm \_\_\_\_\_

Attorney \_\_\_\_\_ Firm \_\_\_\_\_

How did you hear about the \_\_\_\_\_ DeKalb County Business Incubator?

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

**Type of Business (Please Check One):**

High Tech     Service     Accountant     Legal     Software

Professional, explain: \_\_\_\_\_

Other, explain: \_\_\_\_\_

My signature below certifies that all the information contained in this application is true and complete. I authorize DeKalb County Business Incubator to verify the information contained in this application by contacting bank, trade or other sources. The DeKalb County Business Incubator may exchange with or furnish information to others regarding its credit experience with me and I agree to release the DeKalb County Business Incubator from all liability that may result. I understand that this application, when submitted, becomes the property of the DeKalb County Business Incubator and that this application and any attachments of it will be retained by the DeKalb County Business Incubator whether or not my application is approved. I understand that because the DeKalb County Business Incubator is a County enterprise DeKalb County resident member applications will have priority. If approved for the monthly or annual pass I agree to sign a Participation and Membership Agreement that spells out the terms and conditions for such use and I also agree to periodic reviews to determine my progress and continued membership

\_\_\_\_\_  
Applicant Signature and Title

\_\_\_\_\_  
Date

Please mail or hand-deliver your completed application with attachments to:

**Mary Supple, C/O DeKalb County Administration Office, 200 N. Main Street, Sycamore, IL 60178**

For more information or questions call : Mary Supple @ (815) 895-7189.