



Northside Business Opportunity Center (NBOC)  
6445 N Western Ave #304 ♦ Chicago, IL 60645 ♦ (773) 743-6022 ♦ info@westridgechamber.org ♦ https://www.westridgechamber.org

## Business Incubator Application

Applicant's Name: \_\_\_\_\_

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

Title: \_\_\_\_\_ FEIN #: \_\_\_\_\_

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

(Number & Street or P.O. Box)

City

Zip Code

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

(If Different From Above)

City

Zip Code

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### SECTION ONE: ELIGIBILITY CHECKLIST

Check **YES** or **NO** for each question:

**YES**

**NO**

Do you have a working business plan?

Will your business be a full-time operation in the incubator?

Will you agree to comply with all applicable regulations and ordinances if you are accepted as a client of the WRCC NBOC?

**STOP** If you answered "YES" to the questions listed above then continue. If you answered "NO" to any of the questions please contact the West Ridge Chamber of Commerce at (773) 743-6022. You will not be eliminated from consideration if you answered "NO." However, we would like to hear more about your plans.

**SECTION TWO: APPLICATION**

(PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY)

1. Business Status (Please check one):

- Start-Up Business (Not yet in production)
- New Business (Already in 1<sup>st</sup> year of production)
- Existing Business (More than 1 year old)

Anticipated Starting Date: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Started: \_\_\_\_\_

If this is a new business: What steps have you taken towards establishing your business?

---

---

---

---

Describe the stage of development your business is in at this time:

---

---

---

---

2. Company Status (Please check one):

- Sole Proprietorship       Corporation       None Yet
- Partnership       LLC       Other, Specify: \_\_\_\_\_

3. Name(s), address, phone numbers of additional principals, partners or shareholders:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
❖	_____	_____
❖	_____	_____
❖	_____	_____
❖	_____	_____
❖	_____	_____

4. Briefly describe your business, its products and markets:

---

---

---

---

5. Describe your background or experience with product/service of the business:

---

---

---

---

6. State your reason(s) for seeking space at the Northside Business Opportunity Center (NBOC):

---

---

---

---

7. How much money have you already invested in this business? \_\_\_\_\_

8. How do you intend to capitalize (finance) this business?

---

---

---

---

9. Project number of employees:

- At time of occupancy: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
- One year later: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
- Two years later: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
- Three years later: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

10. Does your business have special facility needs? (high voltage, refrigeration, special security, etc)?

---

---

11. Do you expect to use any hazardous or toxic materials? If so, describe: \_\_\_\_\_

---

---

---

---

12. Do you currently have the following? (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Business plan             | <input type="checkbox"/> Market/feasibility study                                     |
| <input type="checkbox"/> Business plan outline     | <input type="checkbox"/> Current financial information for business and/or principals |
| <input type="checkbox"/> Required business permits |   |

13. Do you need assistance to create or complete your business plan?

Yes       No       Undecided

\_\_\_\_\_

14. What are your strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What potential problems do you foresee in business, and/or in entering your market?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Check areas of assistance requested from the incubator (whichever apply):

- |                                    |                                     |   |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Strategy  | <input type="checkbox"/> Technical  | <input type="checkbox"/> Assembly/Manufacturing |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Marketing  | <input type="checkbox"/> Facilities             |
| <input type="checkbox"/> Legal     | <input type="checkbox"/> Management | <input type="checkbox"/> Other: _____           |

17. Approximate date you wish to occupy the incubator space: \_\_\_\_\_

    

19. Please provide any additional information you feel is relevant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant hereby certifies that to the best of his/her knowledge that all the information stated on this application and attached to it, is true and accurate. Applicant understands that the Northside Business Opportunity Center (NBOC) will retain this application and any attached materials whether or not it is approved.**

Signature: \_\_\_\_\_

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

**e-Mail completed application to West Ridge Chamber of Commerce  
6445 N. Western, Suite 304  
Chicago, IL 60645  
773-743-6022  
info@westridgechamber.org.**