



Midland Downtown Development Authority

BUSINESS INCUBATOR

Application

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Home Phone: _____

Applicant's Business Phone: _____

Applicant's e-mail Address: _____

Proposed Business Name: _____

Type of Proposed Business (Describe)

Is the proposed business listed as business type being leaked in the Buxton Report?

Yes____ No____

If yes, the business is or is most like the business(es) referenced on page(s) #_____ of the Buxton Report.

Is the proposed business listed as a desired business type in the Lisa Vincent Report?

Yes____ No____

If yes, the business is or is most like the business(es) referenced on page(s) #_____ of the Lisa Vincent Report.

Business Owner Signature_____

Printed name_____

Date_____

FOR DDA OFFICE USE

Date of Receipt _____

Date forwarded to I&F for review _____

Scheduled Agenda Date for ES Committee Review _____

Approval from Michigan Small Business and Technology Center that the applicant has sufficient business background and a reasonable business plan to continue. Date_____

Receipt of copy of unexecuted lease agreement: _____

Approval of Business Incubation Contract and Lease agreement by Downtown Development Authority Board _____

Date of 1st Mentoring session and payment _____

Date of 18th Mentoring session and payment _____

Date of completion of three-year lease obligation and release of incubation obligations _____