

# HENDERSON BUSINESS RESOURCE CENTER (HBRC)

## Tenant Application

The Henderson Chamber of Commerce Foundation (HCCF) offers a Business Incubator program for start-up or expanding small businesses in Southern Nevada. Potential participants must submit this application and a business plan for review by our HCCF Board to evaluate the company's compliance with the HBRC Business Incubator's requirements. All information contained in the application will be kept completely confidential (confidentiality agreements will be signed upon request of the applicant). The information requested in this application is confidential and will be used by the Henderson Business Resource Center/Incubator to evaluate your readiness to become a client and help us further understand your business venture.

**Please fill out all required paperwork per the checklist below and return it to the HBRC.**

### Application Checklist:

- Completed Application
- Business Plan (Page 4)
- Copy of Business License
- Copy of Driver's License
- Current Credit Report (if available)
- \$50 application Fee
- Financial Projections – Income Statement, Balance Sheet & Cash Flow Forecast for Three Years (Verification of Information on Page 3)

### APPLICANT INFO

Date \_\_\_\_\_ How You Learned About The HBRC \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Website \_\_\_\_\_ Is It Currently "Live" \_\_\_\_\_

Number of Employees Who Will Work Out Of This Office \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Employees Names \_\_\_\_\_

What are your anticipated operating hours \_\_\_\_\_



**Henderson Business Resource Center**  
Proud Member of the National Business Incubator Association  
112 Water Street, Henderson, NV 89015  
702.565.8951 | [www.HendersonChamber.com](http://www.HendersonChamber.com)



**BUSINESS INFORMATION**

Date Business Was Formed \_\_\_\_\_ Business/Product/Service: \_\_\_\_\_

Type of Business  Proprietorship  General Partnership  Limited Partnership  Corporation

If business is a partnership, fill out requested info below for ALL general partners (including yourself if applicable):

Partner's Name(s) \_\_\_\_\_ SS # \_\_\_\_\_ Percent of Ownership % \_\_\_\_\_

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Partner's Name(s) \_\_\_\_\_ SS # \_\_\_\_\_ Percent of Ownership % \_\_\_\_\_

If the business is a corporation, please fill out requested info below:

Officer Name(s) \_\_\_\_\_

Officer Name(s) \_\_\_\_\_

Officer Name(s) \_\_\_\_\_

E.I.N. Number \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Type of Corporation  C Corp  S Corp  LLC

Business Stage  Concept (Business plan not complete, developing product/service, no sales to date)  
 Start-Up (Business plan complete, product fully developed, ready to open business)  
 Expanding (Sales achieved, business growing and needs expansion)

Gross Revenue - Last Year \$ \_\_\_\_\_ Projected This Year \$ \_\_\_\_\_ Projected Next Year \$ \_\_\_\_\_

Net Revenue - Last Year \$ \_\_\_\_\_ Projected This Year \$ \_\_\_\_\_ Projected Next Year \$ \_\_\_\_\_

Are there any legal, regulatory, or environmental issues pending against your company?  Yes  No

Describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## FINANCING/INVESTMENT CAPITAL

Revenue in most recent fiscal year: \$ \_\_\_\_\_ Year Ending \_\_\_\_\_

Revenue in previous fiscal years: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Financing received to date (Specify debt/equity amounts) Debt \$ \_\_\_\_\_ Equity \$ \_\_\_\_\_

By whom?  Self  Bank  Family/Friends  Individual Investors  Venture Capitalist  Other

What are the repayment terms of the financing? (equity conversion, debt repayment, royalty stream %, etc.)

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How much capital is needed to fulfill your business plan? \$ \_\_\_\_\_ by \_\_\_\_\_ (month/year)

Business Checking Account # \_\_\_\_\_ Bank Name \_\_\_\_\_ Balance \_\_\_\_\_

Business Savings Account # \_\_\_\_\_ Bank Name \_\_\_\_\_ Balance \_\_\_\_\_

Credit Score: \_\_\_\_\_

## OCCUPANCY INFORMATION

Desired date of occupancy \_\_\_\_\_ Current space needed  200-300 sq ft  300-400 sq ft

Do you anticipate that these needs will change in years two and three? If so, how?

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Space Business Is Current Occupying  Commercial Facility  Home Office  Not Applicable  Other

Past Landlord Contact Info (if applicable) Contact Name \_\_\_\_\_

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

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

Do you have any special utility or security requirements? If yes, please explain

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## BUSINESS INCUBATOR PARTICIPATION

What types of particular (or specific) assistance do you expect from the business incubator program?

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What business services does your company need:

- |  |   |
|--|---|
| <input type="checkbox"/> Business Plan Preparation                           | <input type="checkbox"/> Organization Legal Structure |
| <input type="checkbox"/> Conducting Market Research                          | <input type="checkbox"/> Prototype Development        |
| <input type="checkbox"/> Conducting Concept Feasibility Study                | <input type="checkbox"/> Strategic Partnering         |
| <input type="checkbox"/> Financial Analysis/Product Costs                    | <input type="checkbox"/> Accounting                   |
| <input type="checkbox"/> Marketing   | <input type="checkbox"/> Website/Social Media         |
| <input type="checkbox"/> Management Team Development                         | <input type="checkbox"/> Employee Hiring              |
| <input type="checkbox"/> Intellectual Property - Patent/Copyright /Trademark |   |

*By signing this tenant application, the applicant agrees that the information provided is true to the best of their knowledge. Failure to provide honest and accurate information on this application can result in the HBRC breaking its lease agreement with the applicant, thus causing an eviction. The applicant also acknowledges that the Henderson Chamber of Commerce Foundation may obtain relevant credit information/reports and background checks with respect to the applicant business and/or its principals. Applicant also acknowledges that the HCCF/HBRC will retain this application whether or not it is approved. Application fees are non-refundable and may be required again if applicant does not get approved at this time and submits again at a future date. Signature also shows that the applicant understands that a requirement of being a tenant of the HBRC is that you must be a member of the Henderson Chamber of Commerce (HCC) in good standing. If you are not currently a member of the HCC, you will be required to join prior to moving in and must maintain your membership throughout your occupancy of space in the HBRC.*

### To Be Signed By All Major Shareholders

Name _____	Signature _____
Title _____	Date _____
Name _____	Signature _____
Title _____	Date _____
Name _____	Signature _____
Title _____	Date _____



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