



**The Metro Technology Centers – Business Development Center-North**

**Application**

1. Business name: \_\_\_\_\_

2. Business Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Business phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Web address:  
\_\_\_\_\_

5. Business Legal Form:  
\_\_\_\_\_

6. Federal Employer ID Number:  
\_\_\_\_\_

**You may skip questions 7 through 11 if the information requested is sufficiently covered in the business plan.**

7. Provide a detailed description of the business including all products and services.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Give a general history of the business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List key management officials or principals of ownership and give a brief description of each or attach resumes: (What experience or background does each official have?)

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10. Describe who your target market is.

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11. Who are your competitors?

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12. Date that the company was established:

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13. Date company acquired if purchased:

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If a purchase, how long has business been in actual operation?

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14. Status of organizational documents (bylaws, articles of incorporation, etc.)

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15. Is there noise or other bi-products emitted during the production process?

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16. How many employees do you presently have including yourself?

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17. How many new employees does your company expect to add over the next three years?

Year 1:

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Year 2:

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Year 3:

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18. Will all employees work at the incubator?

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19. What type of financing have you acquired in your business?

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20. Do you expect to need additional financing during the next three years? \_\_\_\_\_ If so, please explain what purpose it will be used for and how you expect to obtain the additional financing required. \_\_\_\_\_

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21. How often does your company generate financial statements?

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22. Do you have financial statements (Income Statement, Balance Sheet, Cash Flow) available for the entire history of your company? \_\_\_\_\_

If not, what period of time can you provide financial statements for? \_\_\_\_\_  
\_\_\_\_\_

23. Is the business affiliated directly or indirectly with any other organizations?  
\_\_\_\_\_

If so, please explain.

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

24. What space requirements do you presently need?

\_\_\_\_\_

25. How much space will your company require over the next three years?

\_\_\_\_\_

26. What kind of equipment does your company use in the production of products or services?

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

27. Please list any miscellaneous requirements you expect your company may need over the next three years.

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

28. In your view, what are the benefits of locating your business in The Metro Technology Centers – Business Development Center-North?

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29. What is the proposed date you would like to locate in The Metro Technology Centers – Business Development Center-North? \_\_\_\_\_

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30. What is your company insurance provider? \_\_\_\_\_,  
please provide a copy of it.

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31. BANK REFERENCES:

Bank \_\_\_\_\_

Account # \_\_\_\_\_

Bank Contact \_\_\_\_\_

My signature below certifies that all the information contained in this application is true and complete. I authorize Metro Technology Centers - Walker Square Incubator to verify the information in this application. I also understand that as part of the screening process criminal background and credit report will be investigated.

Please list the social security numbers for each of the businesses principals along with that principal's signature and date.

Principal A \_\_\_\_\_ SSN: \_\_\_\_\_

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

Principal B \_\_\_\_\_ SSN: \_\_\_\_\_

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

Principal C \_\_\_\_\_ SSN: \_\_\_\_\_

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



**The Metro Technology Centers– Business Development Center-North**

1700 Springlake Dr,  
Oklahoma City, OK 73111

**Application Process & Requirements**

**Attachment A- Requirements**

The application must be filled out completely and all information below must accompany your application before it can be processed.

**Application**

**Detailed Business Plan** (COVER SHEET, TABLE OF CONTENTS, EXECUTIVE SUMMARY, DESCRIPTION OF THE BUSINESS, MARKET ANALYSIS AND STRATEGY, LOCATION AND OPERATIONS, MANAGEMENT, SUMMARY OF RISKS INVOLVED, FINANCIAL STATEMENTS)

**Resumes of Owners, Directors, Principals**

**Three Years of Company/Personal Projected Financial Statement**  
(First year month to month, Second and third year quarterly)

**Cash Equity Verification**

**Copy of State Sales Tax**

**Copy of the Company Insurance**

**Copy of the IRS Tax ID Number**

**Authorization for OSBI Back Ground Check**

**Authorization for Credit Check**

**Copy of Business Registration**

**Copy of other requirements and documents required by appropriate authority**

**Application Process**

Submit the completed application via e-mail or regular mail service.

E-mail: [sharron.jackson@metrotech.org](mailto:sharron.jackson@metrotech.org)

Mailing address: **The Metro Technology Centers**  
**Business Development Center-North (EDC)**  
ATTN: Sharron D Jackson  
1700 Springlake Dr.  
Oklahoma City, OK 73111

Once your application is submitted it will be reviewed by **Metro Technology Centers – Business Development Center-North’s** Director to determine if your application has all the required documentation. Then The Metro Technology Centers– Business Development Center-North Advisory Board will review your application. You will normally be notified of your application’s status within 30 days of receiving the completed application packet.