



GREAT PLAINS BUSINESS CENTER APPLICATION

THANK YOU FOR YOUR INTEREST IN OUR BUSINESS INCUBATOR. This form, once completed should be submitted to Cody B Holt cholt@greatplains.edu 580-250-5519 or dropped off at building 600, Great Plains Technology Center, 4500 W. Lee Blvd., Lawton, OK 73505

The information submitted on this form will be held confidential by the Great Plains Business Center (GPBC), with the exception of the GPBC advisory board who will determine whether your business is an appropriate tenant for the facility. Examples of businesses that might be found inappropriate would be: one that includes the handling of certain hazardous materials, any business deemed illegal, businesses not in start-up or expansion stage, etc.

Upon review, we may request that you submit a copy of a business plan for the business to be located within the Business Incubator. If you require assistance with preparing a business plan, please contact Jennifer McGrail at jmcgrail@greatplains.edu 580-250-5556.

SECTION 1 – BASIC INFORMATION

1. Date complete/submitted _____
2. Applicant’s Name: _____
3. The name of any other principles/owners or officers of the business, their percentage of ownership, and role they will play in the operation of the business.

4. Applicant address: _____
5. Phone number where you can be reached: _____
6. E-mail where you can be reached: _____
7. Website address if you have one: _____
8. EIN # _____ NAICS code: _____ DUNs # _____
IF you have the above. If you don’t and wish assistance in obtaining them, contact the EDC at 580-250-5550.

SECTION 2 – THE BUSINESS

Explain what type of business you will have:

Statement of purpose/ what is your mission and vision?

What are your goals for the first six months? Be specific and provide measurable goals such as \$500,000 in sales or the sale of 100 units, or 60 customers, etc.

What are your goals for the end of the first year? Be specific and provide measurable goals such as \$500,000 in sales or the sale of 100 units, or 60 customers, etc.

What are your goals for the end of the first three years? Be specific and provide measurable goals such as \$500,000 in sales or the sale of 100 units, or 60 customers, financially stable, ready to graduate, etc.

Description of business:

1. What is or will be the business legal form: proprietorship or partnership or corporation (“C” Corp, “S” Corp. or LLC) _____

2. List any city, county or state licenses and/or permits you will need.

SECTION 3 FACILITIES

1. Why do you wish to locate within the Great Plains Business Incubator?

2. What is your target date for locating in the Great Plains Business Incubator? _____

3. What kind of space will you need? Check all that apply.

a. Office space – approximately 200 - 300 square feet	
b. Light manufacturing space 850 square feet	
c. Light manufacturing space 1,700 square feet	
d. Use of the commercial kitchen	
e. Use of secured dry storage space within the commercial kitchen at an hourly fee	
f. Use of cold storage space within kitchen – additional fee	
g. Use of the shared art studio space	
h. Secured non-shared studio space within the arts studio – rate is higher than shared	
i. Other? Explain below	

3. What special facility requirements (electrical, ventilation, floor load, etc.) will you need?

4. What types of equipment will you bring into the facility?

5. What Internet service needs and possible bandwidth capacity do you have?

6. What OSHA safety standards will apply to your business?

- a. _____
b. _____
c. _____

7. How many employees will you have when you take up tenancy? _____
8. How many employees do you think you may have in 3 years? _____
9. Will you require the use of conference/seminar facilities? Yes_____ No_____ How often? _____

SECTION FOUR SUPPORT SERVICES (anticipated requirements)

- | | | | |
|---|----------|---------|----------------|
| 1. Receptionist (included) | Yes_____ | No_____ | Undecided_____ |
| 2. Secretarial (fee of \$10/hour applies) | Yes_____ | No_____ | Undecided_____ |
| 3. Word Processing (fee of \$10/hour applies) | Yes_____ | No_____ | Undecided_____ |
| 4. Use of a copier (paper cost applies) | Yes_____ | No_____ | Undecided_____ |
| 5. Internet connectivity (included) | Yes_____ | No_____ | Undecided_____ |
| 6. Use of a scanner (included) | Yes_____ | No_____ | Undecided_____ |
| 7. Telephone answering service (fee applies) | Yes_____ | No_____ | Undecided_____ |
| 8. 3D scanner (per use fee for raw materials) | Yes_____ | No_____ | Undecided_____ |
| 9. Food Process Certified kitchen supervisor | Yes_____ | No_____ | Undecided_____ |
| 10. Other – please specify _____ | | | |

The incubator is a place for a small business to start and also to learn the skills to become successful. The incubator program includes training in these skill areas. Please tell us what training might be of benefit to you. Check **all** that might be of interest.

1. Developing a business plan _____
 2. Bookkeeping _____
 3. Taxes _____
 4. Marketing _____
 5. Salesmanship _____
 6. Social Media _____
 7. Business networking _____
 8. Government bidding _____
 9. Managing employees _____
 10. Employer regulations _____
 11. Insurance needs _____
 12. Risk management _____
 13. Use of technology _____
 14. Website development _____
 15. FDA requirements _____
 16. Packaging and shipping _____
 17. Inventory control _____
 18. Financing a business _____
 19. Seeking investors _____
 20. Qualifying for grants _____
 21. Protecting intellectual property _____
 22. Exporting _____
 23. Agricultural management _____
 24. OSHA and Safety Regs. _____
 25. Other? _____
- _____
- _____
- _____

THANK YOU. Print your application and mail it to Cody B Holt, 4500 W. Lee Blvd, Lawton, OK 73505 or save it and attach it to an e-mail to cholt@greatplains.edu .