The El Centro Economic Development Division is looking for prospective tenants that are operating a home-based business or an existing small business that is looking to expand, for its business/industrial incubator facility located within the Centerpoint Industrial Park at 703 Industry Way in El Centro, CA.

If you are currently operating a home-based Business, or an existing small business that is looking to expand, please fill out the tenant application online at www.cityofelcentro.org or pick up an application at the El Centro Economic Development Division at 1249 Main Street. To see if you qualify for the business incubation program, or need additional information, please call the Economic Development Division at 760-337-4543.

BENEFITS OF INCUBATION PROGRAM
- Professional facilities
- Affordable rent space
- Technical Assistance
- Financial Assistance
- Visibility

ELIGIBLE BUSINESSES
- Light manufacturing or assembly companies
- Warehouse storage
- Wholesale brokers, jobbers, dealers or distributors
- Appliance repairs and service
- Fumigation services
- Horticultural services
- Printing, engraving, or publishing
- Machine and tool repair services
- Packaging businesses
- Plumbing, electrical, and services
- Refrigeration repairs and service
- Furniture builders or cabinet makers

INELIGIBLE BUSINESSES
- Retail stores or shops
- Cafeterias, coffee shops, or delicatessen stores
- Restaurants
- Furniture warehouses
- Child care centers

Pictures reflect inside of Suite
GENERAL INFORMATION

Name of Applicant: ____________________________________________ Date of Birth: ______________
Address: ______________________________________________________
City, State, Zip Code: ___________________________________________
Telephone: (H)__________________________________ (W)______________________________
Fax: ___________________________________
Mailing Address (if different from above): ________________________________
Home Address of applicant : _______________________________________
Social Security No.: _____________________________ Driver’s License No. _______ State: _____

INFORMATION ON BUSINESS PRODUCT/SERVICE

Business Name:_____________________________________________________________________________________

Type of Business:

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<th>Sole proprietorship</th>
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<td>Limited Liability Corporation</td>
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Business Status:

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<th>Date Started</th>
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<td>New Business</td>
<td>Projected Start Date</td>
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Do you have a business license with the city of El Centro? ____Yes (If yes, please attach) ____No
Do you have a business plan? ____Yes (If yes, please attach) ____No

Briefly describe your product or service:

__________________________________________________________________________________________

__________________________________________________________________________________________

Briefly describe the market for your product/service (your target customer):

__________________________________________________________________________________________

In what geographic areas are your customers located? ________________________________________________
BUSINESS EXPERIENCE

Describe your past experience that relates to your product/service and the length of that experience (attach resume if available):

_________________________________________________________________________

_________________________________________________________________________

BUSINESS SERVICE NEEDS

What types of office support services are you interested in?

___ Receptionist  ___ Secretarial/Word Processing  ___ Fax Machine
___ Copier  ___ Mail Handling  ___ Conference Room
___ Computer  ___ Other __________________________________________

Do you currently have an accountant?  ___ Yes  ___ No
Do you currently have an attorney?  ___ Yes  ___ No
Do you need management assistance?  ___ Yes  ___ No
   If yes, what type? _______________________________________________________
Do you need marketing assistance?  ___ Yes  ___ No
   If yes, what type? _______________________________________________________

FACILITY REQUIREMENTS

Are you currently occupying a facility (either in your home or at a commercial location)?  ___ Yes  ___ No
   If yes, what is your current square footage?  Office: _____________Sq. Ft.
   Manufacturing: _____________Sq. Ft.
   Distribution/Warehouse: _____________Sq. Ft.
What is your approximate monthly cost for this facility?  Rent: $___________ Utilities: $__________

How many square feet of space does your business require?  Office: _____________Sq. Ft.
   Manufacturing: _____________Sq. Ft.
   Distribution/Warehouse: _____________Sq. Ft.

Please describe the machinery and equipment to be located on the premises and what service support is needed to maintain this equipment (i.e., electrical load, venting, and cooling).

_________________________________________________________________________

Attached is a floor plan for the incubator facility. Please identify which suite you would prefer to lease and indicate where machinery, equipment, storage, or special processes will occur.

Please provide a list of all chemicals or items, including quantities, to be stored in the leased area.

Describe the type of waste you will dispose at the site. _____________________________________________

_________________________________________________________________________

How many total employees will be occupying space?

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OTHER
How did you learn about the El Centro Business/Industrial Incubator?

**BUSINESS FINANCIAL INFORMATION**

What is the amount and source of financing for operating your business?

A. Existing Loan(s)  Amount $_____________________________
B. Cash/Equity   Amount $_____________________________
C. Operating Expenses are/will be covered by sales
D. Other ____________________________________________________________

Does your business require additional financing and, if so, what amount/type of financing is planned? Timing for additional financing? Explain:

Please complete a 3-year cash flow projection and return with your application. Attached to this application is a sample cash flow projection worksheet.

Applicant understands that the information provided above will be used for evaluation purposes. Submission of this application is only to allow the management team of the El Centro Business/Industrial Incubator Facility to consider leasing space and/or extending services to the listed applicant. In no way does the issuance or acceptance on an application guarantee that a lease proposal will be extended and/or ratified. Applicant hereby certifies that to the best of its/his/her knowledge all the information herewith contained is true and accurate. Applicant understands that additional information may be required to process this application.

**Proposed language for credit authorization:**

I authorize the City of El Centro to: verify and obtain my credit history and exchange that information with the Finance Department of the City of El Centro.

Applicant’s Signature: _________________________________________________________

Date: ______________________

**Checklist**

(The following documents are attached)

____ Business Plan    ____ Resume(s)    ____ 3-year Cash-flow projection
____ Floor Plan    ____ List of materials    ____ Other _______________________

Please return to:

City of El Centro
Economic Development Division
1249 Main Street
El Centro, CA 92243
Telephone: (760) 337-4543
Fax: (760) 352-4867
I hereby acknowledge and agree that my tenant application (“Application”) for the Facility may be given to the Finance Department of the City of El Centro (“City”) in the event my name and/or the name of my business are submitted to the City for evaluation; and that all or portions of my Application or the information contained therein may be given to and shared with the City and other individuals who have been asked by the El Centro Economic Development Division to assist in the evaluation of applicants for tenancy for the Facility. I further acknowledge and agree that for the purpose of aiding the Economic Development Division and/or the City in evaluating my background and qualifications, the foregoing organizations and individuals working on their behalf will be entitled to seek and obtain information and documents concerning me from third parties mentioned in my Application.

I hereby authorize any national credit reporting organization (collectively “agencies”) to release to the Economic Development Division any and all information which those agencies may have about me (whether public, personal or confidential) for the purpose of aiding the Economic Development Division and/or the City in evaluating my background and qualifications for selection as a tenant of the Facility. I understand that I will not receive and am not entitled to know the contents of confidential reports received from these agencies except that I am entitled to receive a copy of any credit report from those agencies.

I hereby release and discharge all such agencies, their agents and representatives, and any person furnishing information to the Economic Development Division from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs and assigns.

__________________________   __________________________
Date       Signature of Applicant

__________________________
(Type or Print Name)
AUTHORIZATION

I hereby authorize the City of El Centro to: verify and obtain my credit history and exchange that information with the Finance Department of the City of El Centro.

Applicant’s Signature: ________________________________

Social Security Number: ________________________________

Driver’s License Number: ___________________________ State: _______

Date of Birth: ________________________________

Today’s Date: ________________________________
### CASH FLOW PROJECTION

Name of Business: _______________________________

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BUSINESS INCUBATOR BUILDING
SUITES LAYOUT
October 2009