



Innovation Launchpad Tenant Application

Thank you for your interest in licensing space at the Innovation Launchpad business incubator in Morehead. The Launchpad has three private office spaces, multiple shared office spaces, and shared worker spaces for Space Science and Engineering businesses that include access to our Space Science Engineering Lab. These units are available for rent to incubator-ready businesses; i.e. businesses that seek to scale upwards by relying on the services of the Innovation Launchpad and its partners and by collaborating with their fellow tenant businesses.

To be considered for tenancy, please complete this application and return it to the Kentucky Innovation Network office at Morehead State University, located within the Launchpad Incubator (149 East Main Street, Morehead, KY 40351). Your application will be considered upon receipt. If no vacant units are available, your application will be placed on a waiting list in the order that it was received.

*Along with this application, please attach **resumes for all owners** and a full **business plan**. If business plan is not prepared, please complete the **business model concept map** (included on last page of application if needed).*

Business Data

1. Name of Business _____

2. Principal Products and/or Services _____

3. Current Business Address _____

City _____ State _____ Zip Code _____

4. Business Telephone Number _____ Fax Number _____

Cell Phone Number _____ Web Address _____

5. Stage of Business

___ Model: business plan started; market defined

___ Start-up: business plan completed; developing product/service

___ Expansion: business is looking to expand its operations

6. Form of Ownership

___ Sole Proprietorship

___ Partnership

___ Corporation

___ Other (explain): _____

7. Date Business was Established _____

8. Date of Incorporation (If applicable): _____

9. Tax I.D. # (If applicable): _____

10. Bank Information

Name of Bank _____

Current Balance _____

Average Daily Balance _____

11. Investment Amount to Date: _____

12. List of Partners or Corporate Shareholders/Officers and Percentage of Ownership

Principal	% of Ownership	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Current Number of Employees _____

14. Projected Number of Employees (Including Principal)

	Full-Time	Part-Time
Initial occupancy in Innovation Launchpad	_____	_____
After Six Months	_____	_____
At the End of One Year	_____	_____
At the End of Two Years	_____	_____

15. Anticipated Hours of Operation: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

16. What problem is your business aiming to solve?/What is your business's niche?

17. How do you plan to scale your business in terms of jobs and revenues?

18. How did you hear about the Innovation Launchpad? _____

19. Have you ever participated in a business accelerator/incubator before? _____

If yes, explain. _____

20. How do you intend to use the incubator space? _____

21. Please check the services you will be seeking from the Innovation Launchpad

Accounting/Financial Advice

Computer Systems Assistance

Legal Business Advice

Marketing Assistance

Technology Systems Advice

Assistance from the Engineer in Residence

Printing Services

3D Printing Services

Conference Room Facility

Video-Conference Room Facility

Lab Station Workspace

Other (Explain): _____

Personal Data

(Each individual who holds at least 20% ownership position in the business and is applying to be a tenant of the Innovation Launchpad must complete this section individually.)

1. Name _____

2. Home Address _____

City _____ State _____ Zip Code _____

How long at this address _____

Previous Address (If less than 3 years) _____

City _____ State _____ Zip Code _____

3. Home Telephone Number _____

4. Email Address _____

5. Current Occupation _____

Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

6. Citizenship

USA

Other: _____

7. Reference #1 Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Reference #2 Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

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USA

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Phone Number _____

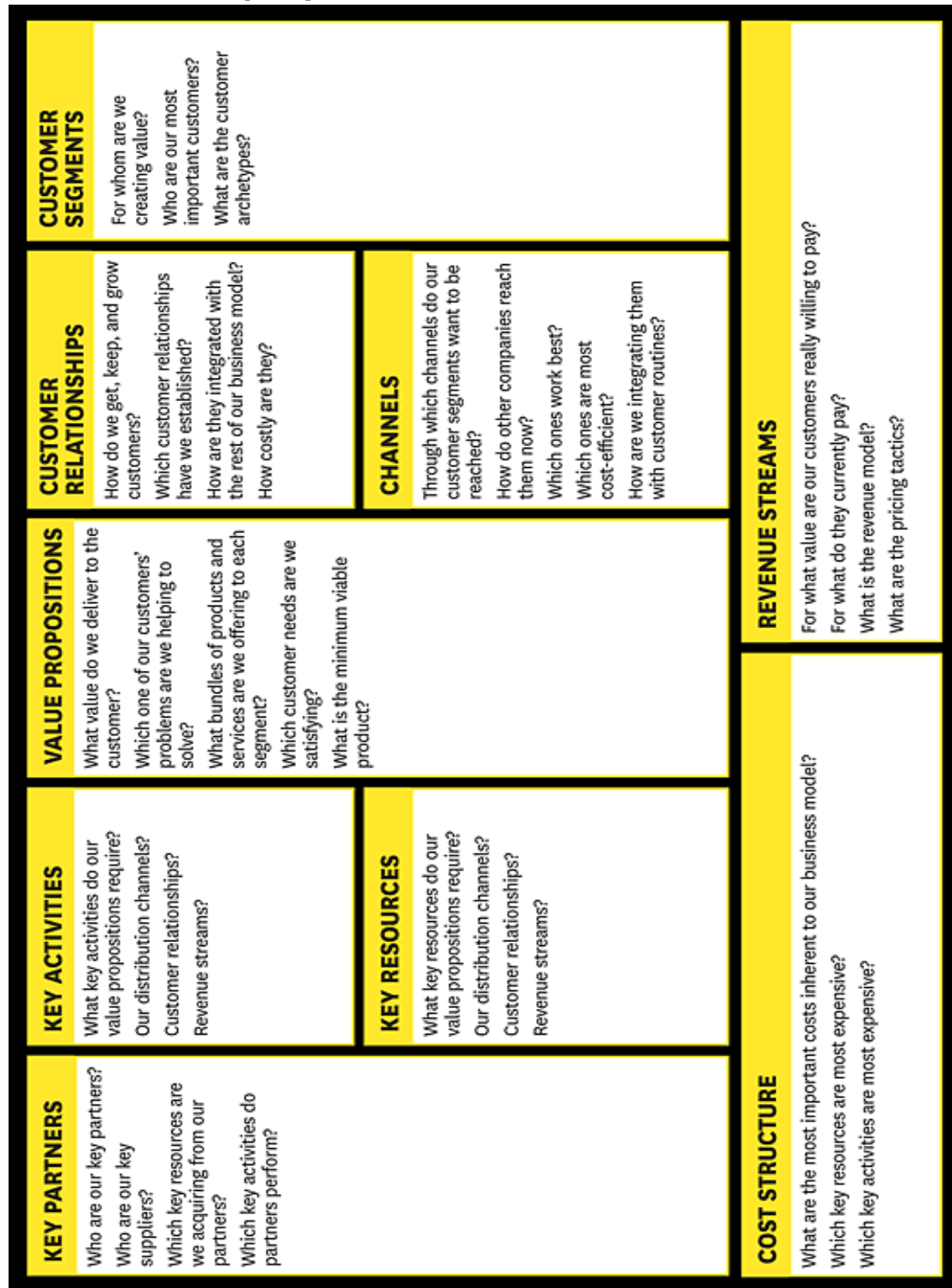
Certification

In connection with this application, I hereby certify that all of the statements submitted for the purpose of leasing rental space, are true, correct, and complete. The Innovation Launchpad is authorized to make inquiries and gather information it feels necessary and reasonable concerning statements made on this application. It is further agreed that the Innovation Launchpad will be promptly notified of any material changes in the information.

Signature of Applicant

Date

Business Model Concept Map Guide



Business Model Concept Map – (For applicant use.)

