

Center for Entrepreneurship and Business Innovation

John S. Brinzo Laboratory Incubator Space Application

Contact Name (s)	Date
Company Name (if already chosen)	
Mailing Address	
E-mail	Phone #
Current Major and Year (Sophomore, Junior, etc.)	
Describe your business/service/idea.	
How many participants are in your business and what is the role of each individual?	

Do you believe you will need other students to join your team? If so, how many and for what purpose?

If you have already launched your business, how have you financed your business to date?

How are you planning to finance your business in the future?

What is unique about your product, service or idea?

Who are your competitors and do you see them as a major threat?

How will you protect your product, service, or technology from competitors?

Describe your target market and who your present and future customers are.

How long do you expect to be in the incubator?

How do you envision the incubator assisting you in accomplishing your business goals?

Why do you believe you/your business should be awarded an incubator space?

List your top five business needs in order of importance.

1. _____
2. _____
3. _____
4. _____
5. _____

Describe your business, as it will exist in five years.

How did you learn about the incubator spaces?

Please fill out this application and return it to **BSA Room #320/A123** or email it to cebi@kent.edu. Make sure to include a copy of your current resume listing any and all work experience you have.

THANKS!

**Kent State University . College of Business Administration . Center for Entrepreneurship and Business Innovation . Room 320/ A123 . Kent, OH 44240 .
.330-672-9430.**