

BUE Business Incubator Application

Applicant's Name: _____

Mailing Address: _____

(Number & Street or P.O. Box)

City

Post Code

Business Name: _____

Business Address: _____

(If Different From Above)

City

Post Code

Business Phone: _____ Mobile: _____

Fax No.: _____ E-Mail Address: _____

SECTION ONE: ELIGIBILITY CHECKLIST:

Check YES or NO for each question:

	YES	NO
Do you have a working business plan?	<input type="checkbox"/>	<input type="checkbox"/>
Will your business be a full-time operation in the incubator?	<input type="checkbox"/>	<input type="checkbox"/>
Will you agree to comply with all applicable regulations and ordinances if you are accepted as a client of the BUE Business Incubator?	<input type="checkbox"/>	<input type="checkbox"/>

STOP : If you answered "YES" to the questions listed above then continue. If you answered "NO" to any of the questions please contact BUE Business Incubator.

SECTION TWO: APPLICATION

(PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY)

1. Business Status (Please check one):

- | | |
|---|----------------------------|
| <input type="checkbox"/> Start-Up Business (Not yet in production) | Anticipated Starting Date: |
| <input type="checkbox"/> New Business (Already in 1 st year of production) | Date Started: |
| <input type="checkbox"/> Existing Business (More than 1 year old) | Date Started: |

If this is a new business: What steps have you taken towards establishing your business?

Describe the stage of development your business is in at this time:

2. Company Status (Please check one):

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> None Yet |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC | <input type="checkbox"/> Other, Specify: |

3. Name(s), address, phone numbers of additional principals, partners or shareholders:

Name	Address	Phone number
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4. Please describe the problem that you are trying to solve and your solution:

5. Briefly describe your business, its products, customers, and markets:

6. Describe your background or experience with product/service of the business:

7. State your reason(s) for seeking space at the BUE Business Incubator:

8. How much money have you already invested in this business?

9. How do you intend to capitalize (finance) this business?

10. Project number of employees:

- | | | |
|-------------------------|-------------------|-------------------|
| • At time of occupancy: | Full-time: | Part-time: |
| • One year later: | Full-time: | Part-time: |
| • Two years later: | Full-time: | Part-time: |
| • Three years later: | Full-time: | Part-time: |

11. Does your business have special facility needs? (high voltage, refrigeration, special security, etc)?

12. Do you expect to use any hazardous or toxic materials? If so, describe:

13. Do you currently have the following? (Check all that apply):

- Business plan
- Market/feasibility study
- Business plan outline
- Current financial information for business and/or principals
- Required business permits

14. Do you need assistance to create or complete your business plan?

- Yes No Undecided

15. What are your strengths?

16. What potential problems do you foresee in business, and/or in entering your market?

17. Please list your market competitors:

18. What is unique about your business?

19. Check areas of assistance requested from the incubator (whichever apply):

- | | | |
|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Strategy | <input type="checkbox"/> Technical | <input type="checkbox"/> Assembly/Manufacturing |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Marketing | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Management | <input type="checkbox"/> Other: |

20. Approximate date you wish to occupy the incubator space:

21. Are you a resident of Cairo City? YES NO

If NO, do you have plans to relocate here?

22. Please provide any additional information you feel is relevant:

Applicant hereby certifies that to the best of his/her knowledge that all the information stated on this application and attached to it, is true and accurate. Applicant understands that the BUE Incubator will retain this application and any attached materials whether or not it is approved.

Signature:

Date:

STOP: this part is filled by the Incubator's staff members

Recommendation:

Accepted

Rejected

Need Improvement

Justification:

Incubator committee

Director of the science and innovation park