



**SEED CENTER**  
BUSINESS INCUBATOR  
SOUTHWEST LOUISIANA  
ENTREPRENEURIAL AND ECONOMIC  
DEVELOPMENT CENTER

## Application for Admission

Date \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City ST Zip

Applicant Name \_\_\_\_\_ SSN# \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell Phone \_\_\_\_\_

***A \$25 non-refundable application fee is required with this application.***

1. Category of major product/service (please check one).  
 Technology  Sales  Professional Services  Service  Other \_\_\_\_\_

**2. Officers:**  
**President/CEO** \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City ST Zip

Driver's License # and State \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Secretary /**  
**Treasurer** \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City ST Zip

3. Company Structure:  
 Sole Proprietorship  Corporation  Partnership  LLC

***NOTE: If business is a corporation, partnership or LLC, fully disclose names and percentage ownership of all partners and owners and attach on separate page.***

4. Date Business Established: \_\_\_\_\_

Tax ID # (EIN) \_\_\_\_\_ Occupational License # \_\_\_\_\_

Town/Parish issuing Occupational License \_\_\_\_\_

State Resale Tax Number, if applicable? \_\_\_\_\_

Total Annual Sales (last two years): this year \$ \_\_\_\_\_ last year \$ \_\_\_\_\_

Business Liability Insurance: Amount of Policy \_\_\_\_\_ Exp. Date \_\_\_\_\_

5. Do you have a current business plan?  Yes  No

6. What is your desired operating area? (Check all that apply.)

Allen Parish  Beauregard Parish  Calcasieu Parish  
 Cameron Parish  Jeff Davis Parish  other \_\_\_\_\_ (Be specific)

7. Is your business classified as any of the following? (Check all that apply.)

Woman-owned  Minority-owned  Veteran-owned  Home-based  
 Pre-startup

8. If you checked minority-owned, please complete the following.

African-American  Hispanic  Native American  
 Asian-Pacific American  other \_\_\_\_\_ (Be specific)

9. Which of these Business Incubator services will you use on a regular basis?

Copier  Yes  No Fax  Yes  No Conference Room  Yes  No

10. Will you attend free or low-cost seminars on a regular basis?  Yes  No

11. Has your business ever received a government contract or grant?  Yes  No

12. Are you willing to actively participate in the programs, consulting and coaching services of the SEED Center?  Yes  No

13. Your sources of funding are:

Loans  Savings  Investors  other \_\_\_\_\_ (Be specific)

14. Occupancy Schedule: I am interested in moving into the Business Incubator on or about (date) \_\_\_\_\_. I understand that furniture or equipment I plan to include in my office(s) will be approved by the Business Incubator management prior to moving into the Incubator.

15. How did you find out about the Business Incubator?

Radio  Newspaper  TV  Word of Mouth  SCORE  
 Small Business Development Center  Brochure  www.allianceswla.org  
 SWLA Alliance Staff  Other \_\_\_\_\_

16. Explain your business or concept in 3 to 4 sentences. Please be specific.

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17. Number of hours per week you will spend working the business. \_\_\_\_\_

18. Is your **business** NET WORTH **LESS** than \$1.5 million? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Is your **personal** NET WORTH **LESS** than \$400,000? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Attach at least three letters of reference from individuals who can vouch for your business strength or skills.

21. List business credit references.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_  
City ST Zip

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_  
City ST Zip

Bank Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Bank Address \_\_\_\_\_  
City ST Zip

22. Emergency contact information:

Please provide the name and contact information of two persons we may contact in the event of an emergency. One that resides with you and one that does not reside with you.

Contact #1: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact #2: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

NOTE: Due to security requirements, access to office(s) may be limited to certain hours of the day.

***I hereby certify that all information on this application is true and complete. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture of consideration for occupancy in the Business Incubator, or forfeiture of occupancy, if I have already been accepted. I give the Business Incubator my permission to extract statistical facts from this application on the basis that the privacy of my company and this applicant is not violated.***

Print Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach your check or money order for \$25, for your non-refundable application fee, along with your completed application and business plan. You may submit the application package in person or mail it to the Incubator. Make check payable to Southwest Louisiana Partnership for Economic Development.

SEED Center Business Incubator  
4310 Ryan St..  
Lake Charles, LA 70605

Adrian L. Wallace,  
Executive Director  
SWLA Business Incubator  
337-433-0977  
[awallace@allianceswla.org](mailto:awallace@allianceswla.org)

Attach payment here.

***Acceptance of this application by the SEED Center Business Incubator of Southwest Louisiana does not imply nor in any way guarantee acceptance as a tenant in the Incubator. Opportunities are offered by the Incubator without regard to race, color, age, national origin, religion, sex or disability.***