

Eastern Oklahoma County Technology Center Business Development Center

Goals

To identify and nurture entrepreneurial and emerging businesses that can have a significant positive impact on the local and state economy. To produce successful firms that will leave the program financially viable and freestanding.

Why consider launching your business in the Business Development Center?

Here are just a few of the reasons:

- Business Support Services
- Network of Contacts
- Focused Advocate for Success
- Oklahoma State Income Tax Exemption for up to 10 Years
- Office, Lab, and Manufacturing Space

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Application must be filled out **completely**, mailed, emailed or faxed to the following address:

Eastern Oklahoma County
Technology Center
Business Development Center
4601 N. Choctaw Rd.
Choctaw, OK, 73020
Fax: 405.390.9598

Questions? Contact Mr. Justin Smedley at 390-9591 x243 or ismedlev@eoctech.org

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Please attach the following documents. You may mail the documents to the address listed to the left.

- Business Plan
- Resumes of Principals
- Current Financials
- Credit Report
- Current Brochures or Marketing Materials

Business Information

Legal Business Name: _____ Phone: _____

Physical Address: _____

Website: _____

Registered with Oklahoma Sec. of State: Yes No Date Business Formed _____

Business License: City: _____ County: _____

Current Number of Employees: _____ # Full Time _____ # Part Time

Business Structure: Partnership Corporation Sole Proprietorship LLC

Do you have a business plan? Yes No Partial - Est. Completion Date: _____

Do you need business plan assistance? Yes No

Briefly describe your product or service: _____

Briefly describe your target market and market size: _____

Principals

Name: _____ Title: _____ SSN: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name: _____ Title: _____ SSN: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Business Operational Space Needs

Office Space Sq. Ft. Needed: Yr. 1 _____ Yr. 2 _____ Yr. 3 _____

Manufacturing Sq. Ft. Needed: Yr. 1 _____ Yr. 2 _____ Yr. 3 _____

Date anticipated entering the Business Development Center Incubator: _____

Anticipated New Jobs: Yr. 1 _____ Yr. 2 _____ Yr. 3 _____

Anticipated Sales Revenue: Yr. 1 _____ Yr. 2 _____ Yr. 3 _____

Equipment

Will you require a commercial kitchen? Yes No

If yes explain: _____

Will you use special lab facilities, toxic, corrosive, or flammable chemicals? Yes No

If yes explain: _____

Will you require special or high use electrical power? Yes No

If yes explain: _____

Will you require a commercial kitchen? Yes No

If yes explain: _____

Will you generate noise that requires soundproofing and/or special partitions? Yes No

If yes explain: _____

Other special needs? _____

Please describe what type of equipment you will use in the production of your product(s)/service: _____

Services

Will you require the use of conference/seminar facilities? Yes No Unknown

Will you require the use of a receptionist? Yes No Unknown

References

Bank Reference: Bank Name: _____ Account Number: _____

Contact Information: _____

Professional/Trade/Employer References:

(1) Contact Information: _____

(2) Contact Information: _____

Statement of Expectation

Why do you wish to locate in the Business Development Center and how do you think the BDC can assist you in developing your business? _____

Certification Statement

The applicant(s) hereby certifies that the foregoing information and statements contained in this application or attached documents are true and correct and are furnished to the Business Development center for the purpose of gaining admission into the business incubation program. Applicant(s) authorize the Business Development Center to investigate information in this application by contacting its references and otherwise checking applicant's background. Applicant further authorizes any person or agency to furnish to the Business Development Center any information that it may have or obtain in response to such inquiries.

Applicant Signature

Date

Applicant Signature

Date

FOR OFFICE USE ONLY

Initial box when completed		Date	Initial Box when completed		Date
	Application Received			Approved	
	File Created			Disapproved	
	Committee Review			Notification Sent	