# INCUBATOR TENANT APPLICATION

Thank you for your interest in licensing space at the Urban Chamber of Commerce Business Development Center. The Business Incubator Center has four 187 square foot and two 317 square foot office units available for rent to incubator businesses. To be considered for tenancy, please complete this application and return it to the Office of Business Development Department or the Urban Chamber Of Commerce. 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.

Incubator tenant license agreements are on a month to month basis however, under no circumstances, shall the maximum Agreement exceed twenty four months from the Commencement Date. Incubator tenants are required to pay a Security Deposit equivalent to one month's rent. The Security Deposit will either be returned at the end of the license agreement, if there is no substantial damage; used to cover damages if damages are incurred; or applied to the last month's rent. Incubator tenants are also required to pay a Key Deposit of \$25 per key. The Key Deposit will be returned at the end of the license agreement, if keys are returned. The rent for each 187 square foot office space unit is \$561; the rent for the 317 square foot office space unit is \$951. Incubator tenants rent will cover local telephone calls and utility costs however; long distance calls will be billed separately to each business.

### Requirements for Incubator Office Space License Agreement

#### You must:

- Submit Resumes for principles of the company or business
- Submit copies of audited Financial Statements or Federal Tax Returns for the last two years
- Submit Income & Expense Statement for current or partial year
- Complete and sign a Disclosure of Principals form (i.e. Owner(s), CEO, Board members etc.)
- Purchase property insurance and general liability insurance, in the amount of \$1,000,000, listing the City as additional insurer, after approval of application and prior to occupancy
- Make available, or fill, 51% of newly created jobs while occupying the Las Vegas Business Center with low-and-moderate income persons

**Disclaimer**: Due to the structure of the Business Development Center, non-profit and childcare applications will not be considered for this program. Furthermore, business applications that do not adhere to the C-PB zoning requirements will not be a considered.

Return in person, email, or fax this signed application to:

**Darren Harris or Summer Rabb** 

Urban Chamber of Commerce Business Development Center
1951 Stella Lake Street
Las Vegas, NV 89106
Phone Number: (702) 648 -6222 Fax Number: (702) 648-6223

### **License Application**

# **Urban Chamber of Commerce Business Development Center**

### Section I. Business Data

Please complete **ALL** information or you application may not be processed.

Business Name				
Current Business Add	ess			
Current Business Addr City	St	ate	Zip Co	de
Business Telephone N	0.	Fa	x No.	
Pager No	Cell	lular Phone No	0	
Web Site Address				
Form of Ownership: P (Each person who ho 2 of this application)				
Tax I. D. No				
Date Business was Est	ablished			
Date of Incorporation	(if applicable)			
Principal Product(s) or	· Service(s)			
List of Partners or Cor Principal		% of Owner		Fitle
Business Banks or Fin Bank Name	ancial Instituti	ons (reference <u>B</u>	<u>ranch</u>	<u>Purpose</u>
Current Number of En	npioyees	_		
Projected Number of I	Employees (inc		oal): ull Time	Part Time
Initial accumancy in by		1 1		
	isiness center			
After six months:		<u>-</u>		
	:			

13. Anticipated	hours of operation:	
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### **Section II. Personal Data**

Each individual who holds at least 20% ownership position in the business that is applying to be a tenant of the business center must complete this section.

Na	me					
Но	me Address					
	City	_State	Zip Code			
Но	w Long at this Address	_	-			
Pre	evious Address (if less than 3 years) City					
	City	_State	Zip Code			
Но	me Telephone No					
			*******			
1.	Social Security No	_				
2.	Date of Birth					
3.	Birthplace					
4.	Occupation					
5.	Employer					
6.	Employer Address					
	City	State	Zip Code			
7.	Have you ever filed bankruptcy? No	oYes	·			
8.	If yes, when and where?					
	Citizenship: USA Other					
	Marital Status: Married Single_					
	Driver's License No					
	Number of Dependents					
	Spouse's Name					
	Spouse's Social Security No					
15.	Spouse's Occupation					
16.	Spouse's Employer					
17.	Employer Address					
	City	State	Zip Code			
18. What is the income range of your family?						
	Family Incom	<u>me</u>				
	Less than \$33,100					
	Less than \$37,850					
	Less than \$42	,550				
	Less than \$47	,300				
	Less than \$51					
	Less than \$54,850					
	Less than \$58	,650				
	Less than \$62	,450				

1 _ 2 3 4 5 6 7 8 20. Two References Required (one professional and one personal)
TD C 114
Reference #1:
Address:
Telephone No.:
Reference #2:
Address:
Telephone No.:
Two Required Signatures:
I authorize the City of Las Vegas to check both my business and personal credit status. I understand that the report will be used for Las Vegas Business Center application purposes only.  Signature of Applicant  Date
Signature of Applicant Date
22. 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 City of Las Vegas 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 City of Las Vegas will be promptly notified of any material changes in the information.
Signature of Applicant Date

# Section III.

# Office of Business Development Use Only:

Unit Number:	Approved	Disapproved
Comments:		