



Canton Community Center Inc. Business Incubator Application



210 North 7th Street, Canton, MO 63435

573-288-0550

www.cantoncommunitycenter.com

www.facebook.com/cantonmocommunitycenter

Last Name		First Name		MI	Date of Birth
Street Address		City		State	Zip Code
Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)		Opt out of newsletter <input type="checkbox"/> Yes	Gender
Emergency Contact		Emergency Phone Number	Please include on the back of this form any members medical conditions or allergies		Relationship
Business Full Name		Business Short Name (for calendar use, limit to 2-10 characters)		Business Phone Number	
Type of Business			New Business? Enter Projected Start Date	Existing Business? Approximate Date Started	
Short Description					
Legal Organization of Firm: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation State: _____ Date of Incorporation: _____		Federal Employer Tax ID #		Principal Owners/Stockholders Information:	
		Missouri Employer Tax ID #		Name _____ Address _____ Phone Number _____	
City Tax #	City	State	Which space(s) do you require? <input type="checkbox"/> Kitchen <input type="checkbox"/> Great Room	Ideal Day(s) of Use <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F	Ideal Time of Use ____am/pm to ____am/pm
Number of Employees (if currently in operation) include yourself <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Gross Sales for last fiscal year _____ for period of _____ to _____		Do you have a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please attach, if not do you need assistance in preparing one? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are already in business, has your product proven viable? <input type="checkbox"/> Yes <input type="checkbox"/> No If not describe your obstacles:					
Where do you currently market your product(s)?					
Please list local, regional, or national/international firms you consider to be your primary competition:					
Are you planning to add new product(s) within the next two years? Explain.					
Are you planning to expand your markets within the next two years? Explain.					
How many new employees do you plan to add in the next 2 years? How? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					
Equipment Usage Anything Marked Yes Please explain on a separate sheet of paper					
Will You:					
Have special sewer use needs? (grease disposal).....				Yes	No
Have special water use needs? (as in above average use)				_____	_____
Use Special laboratory facilities, toxic, corrosive, or flammable chemicals?.....				_____	_____
Have special or high use electrical power requirements attributable to equipment used in your business?.....				_____	_____
Generate fumes/gases requiring special venting?.....				_____	_____
Generate noise which will require sole renting of space (if not using both areas, i.e. bands).....				_____	_____
Generate or use heat or use a heat-related process? (other than kitchen appliances, i.e. Bunsen Burner).....				_____	_____
Other special needs or requirements?.....				_____	_____
Please describe what is/will be your personal financial investment and time commitment to this business.					
Is it intended that this business provide you or the managing principals with your primary source of income?					
What are your projections of needed capital for the business during the next 1-3 years? Where will this source be coming from?					
How do you think the Incubator program can assist you in developing your business?					
Please attach a Business Synopsis following a business plan format. Include current financials and or one year of projections.					



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Business Incubator Terms & Dues

Business Incubator	Start Date	<input type="text"/>	End Date	OPEN
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*This Business Incubator program is a DUES paying program. It begins on the date indicated above and continues indefinitely until cancelled. I understand that in order to change, or cancel this Business Incubator Program I must fill out a change, or cancellation form in person at Canton Community Center. Changes, or cancellations must be done a minimum of 30 days in advanced and I understand that a Business Incubator Program fee may be processed during this time.

*The Canton Community Center reserves the right to increase dues at its discretion, 60 days in advanced with written notice. Written notices will be sent electronically to the email address above if provided. The Canton Community Center will evaluate fees every 3 months to decide increases or decrease of dues. Reasons for increases can be a number of reasons, such as, but not limited to; heavy usage of water or electric.

*The Business Incubator Program is open to any and all start up and existing businesses, however the Canton Community Center may choose to limit individuals and businesses, to limit competition among same programming.

*Anyone applying for the Business Incubator Program must agree to a 6 month contract, after the 6 month contract has lapsed, a monthly contract will follow, meaning the first 6 months of the program is required to begin (paid monthly) after 6 months either party may cancel the contract with appropriate notice given. The Canton Community Center reserves all rights to end a Business Incubator Program before the 6 month timeline has elapsed for any reason seen fit by the Board of Directors or the Director.

*I understand that this Program grants me access to the Canton Community Center at a rate of \$75 per month per room, or \$125 for the whole building, for up to 4 hours a week. Additional time may be requested pending schedule availability at a rate of \$25 per hour. Rates will increase, on the anniversary date of my application at a rate of 10% based off current rate during anniversary date. i.e. rates at \$75 a year later will be \$82.50 per month.

*There shall be no refunds, or transfers, including for partial months not used. In addition proration for partial beginning months will be as follows; first 15 days full Business Incubator price, 16th of the month and later will result in half dues.

*I have read and agree to the Canton Community Center rules and regulations handbook, and I acknowledge that any violation of the rules may result in expulsion from the Center and/or termination of this Business Incubator Program without any refund.

*The Canton Community Center, its officials and representatives, either employed or voluntary, assume no responsibility for any injury (by the participant/s) in the Canton Community Center or activities. In addition, I understand that participation in any activity & use of any equipment and facilities, is at my sole discretion & judgment & is at my own risk. I will appropriately & safely limit my activities & those of my sponsored dependents, to take into account my/our physical condition limitations & skill level. In addition I agree to release, waive, discharge and covenant not to sue the Canton Community Center, The Board, Staff, Instructors, and Volunteers, Sponsored members and businesses of events, advertisers, organizations, clubs, participants, or any other individual representing the Canton Community Center, and release all liability to each their own, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

*I understand that this Program is for general, open use hours of the center, & that there may be times when access will not be available to the Center. I also understand that this program does not grant me membership access to the Center and that if I wish to attend classes I will need to have my own membership.

*I understand that I am responsible for all setup and cleanup associated with the Business Incubator Program, and to end at the designated times. If I fail to clean after my program, I will be charged a minimum of \$100 per incident, after 3 times this contract will be null and void and I will be asked to find space elsewhere. In addition, if I run my program over the designated end times, I will be billed at a rate of \$100 per half hour over, and subject to this contract becoming null and void after 3 incidents and I will be asked to find space elsewhere.

*I understand that I will be issued a key swipe card, and this card will be required to be presented at beginning of each session, failure to produce card results in me being denied access to the facility.

*I understand that if I sign up for Electronic Funds Transfers (I need to fill out an EFT Form) there is a fee per transaction & a \$35 service fee for each transaction returned for NSF (insufficient funds) and the Business Incubator Program access will be denied. Failure to bring account to good standing will result of suspension of Program. In addition a late fee will be assessed at a rate of \$10 per day after the 1st day of the month, maximum of one month's current monthly dues. After 2 months of nonpayment Program will be cancelled and I will be invoiced for all NSF transaction fees, failure to pay NSF fees within 30 days of invoice date will result in being turned into collections. Any cancelled Business Incubator Programming that I wish to be reinstated will be required to pay a reinstate fee of two times the monthly fee. I understand that while EFT is the best option I have the option of payment by cash, check or money order. However payment is required in hand to the Director ON OR BEFORE the 1st of each month by 2pm. Late fees, suspension, and cancellation will follow same as EFT transactions. All returned checks will be accessed a \$35 service fee.

*I understand that if I do not already have a Business Plan, I am required to complete a Business Plan by the end of the first year. I understand that I must also provide at minimum every 6 months an up-to-date financial statement for the purpose of evaluating the Centers Business Incubator Program.

*I understand that I am required to attend, at minimum, four free networking event, per calendar year, for the purpose of creating new contacts and presenting my product (if NOT-applicable to Applicant...Center Representative initial here _____). The Center understands not everyone under this Business Incubator Program will have a product to present, however promotional collateral may be a substitution. Examples of these events can be but not limited to Sample Canton at Culver-Stockton, Involvement Day at Culver-Stockton, Business after/before hours, booth at a town event (fee may apply).

*I understand that if my business grows to more than \$1,000,000 per year or I attempt to occupy more than 20% of Business Incubator rentable space I will terminate my program with the Canton Community Center because at this point I should be able to obtain a permanent space of my own. Extenuating circumstances may prevent this and I will discuss them with the Director, and present my case to the Board of Directors and the Board of Directors will come to a conclusion to continue services to my program or terminate the agreement.

*If ownership of my company, any changes in account details, I will immediately inform the Director. Changes may result in discontinuation of my agreement, however withholding any changes in fear of discontinuation of my agreement will result in immediate termination of program, in addition reapplication will be denied.

*I agree that the Canton Community Center will not be responsible for any marketing of my product or services. At the discretion of the Director or Board of Directors, my program may be featured on social media and/or newsletters, calendars, etc. All marketing will be my responsibility.

*I am responsible for any phone services that I require. I will provide my own cell service, The Canton Community Center will not be responsible for taking messages for my business, however if one is, the information will be emailed to the email on file. I WILL NOT rely on the Centers phone number for my business.

*I will not rely on a center employee or the Director to be my receptionist, for an additional fee an employee or the Director may assist me but services will be at the availability of the person assisting, fees will be negotiated based on what is requested to be done.

*I will not have anything mailed to the Center, without authorization with the Director. In addition the Center is not responsible for any outgoing mail.

*I understand that due to the nature of the Center, tours of the property may happen while I am using the Center, while the Center will do all it can to limit interruptions, there may be times where this is unavoidable. In addition, inspections of my business incubator, the building, and property for maintenance, repairs, security, and to ensure I am using the property in a non-abusive manner.

*The Canton Community Center assumes no responsibility for the security of the property or personal property of the Business Incubator Program, its employees or invitees. I am responsible for securing all exits upon leaving (unless another program is in operation) and that all lights are turned off. If a key code is provided to me I will keep it confidential.

*Smoking, drugs, or alcohol is not permitted under this Business Incubator program. If my business will utilize alcohol for an event, I will be required to provide additional insurance for the event and will discuss this with the Director 30+ days in advance of the event and be required to fill out a rental agreement. If alcohol will be an everyday occurrence the Board of Directors will be required to sign off on this due to legal matters. I will present my proposal to the Board of Directors during a board meeting.

*If my program includes pets, I agree that they will ONLY be allowed in the Great Room and any messes left will result in a \$50 fine per mess and be charged to me. No pet shall be allowed on the property without the presence of its owner. In addition, all pets must be current on all vaccinations, and parasite control, nor have recent history (6 months) of infection or ring-worms. I also agree that the Director or Board must approve all pets on property.

*If I run into a repair issue or wish to make alterations to the property the Director must be consulted first. Only licensed professionals will be allowed to make alterations, and only with Board approval.

*All trash and Recycling is my responsibility, receptacles will be provided and shown to me during orientation.

If you were "Referred" by a current annual member or another Business Incubator, Please list member name: _____

If you were not "Referred" How did you hear about us?

Past Member Facebook Website Friend Other _____

Photo Release

I grant permission to use photographs/video taken of me/my family for departmental advertisement use, for in print or social media. If I wish this to be exempt from photography and video I must notify the Canton Community Center by completing a Photo Suppression Form.

Signature (s)

I have been advised of the Terms and Conditions of Membership and fully understand the Membership Agreement, IN WITNESS WHEREOF this Membership Agreement has been executed by the undersigned parties on the date written below.

Business Incubator Applicant Signature	Date	Directors Signature	Date
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