



# APPLICATION

(Return by Email, Fax, or Mail)

**INFORMATION SUBMITTED WILL BE HELD IN CONFIDENCE**

## 1.0 Applicant Information

**Primary Contact:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_ Organization \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Office Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Exact Legal Name of Business: \_\_\_\_\_ NA  Annual Revenues \$ \_\_\_\_\_ Website \_\_\_\_\_ NA

# of Full-time Employees \_\_\_\_\_ # of Part-time Employees \_\_\_\_\_ Average Annual Compensation \$ \_\_\_\_\_ NA

Business Structure (LP, LLP, LLC, S-Corp, C-Corp, Proprietorship, GP, Other – Specify) \_\_\_\_\_

Dun & Bradstreet (D&B) number? \_\_\_\_\_ NA  Federal Employer ID Number (FEIN): \_\_\_\_\_ NA

**The Hub offers two different types of incubation services, which one is your company seeking?**

- Affiliate
- Residential

## 2.0 Management Team, Board Members, Advisors

**Primary Management Team members (CEO, CFO, CTO, VP, etc.)** Please list all officers and management team members below, with relevant experience (management, company formation, technology) for each team member including the Primary Contact. (Add pages as necessary.)

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Relevant Experience: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Relevant Experience: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Relevant Experience: \_\_\_\_\_

**Key Advisors, Board Members:** Please list all of the directors and key advisors in the box below. Cut-and-paste to add more if needed. If you do not have a formal board, please indicate here.  NA

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**3.0 Technology & Business Summary**

**Industry Sector** (Select one): Clean Energy/Technology, Advanced Technologies Manufacturing, Life Science & Biomedical, Defense and Border Security: \_\_\_\_\_ Other (describe \_\_\_\_\_)

**Technology/Business Description:** Please provide a very brief (maximum 2 pages) *non-confidential* description of your technology, company, and business strategy, emphasizing the strengths of your opportunity. **Do you have a completed Business Plan? Yes \_\_\_\_\_ No \_\_\_\_\_**

\_\_\_\_\_

**Intellectual Property (IP) Summary and Status:** List any issued or pending IP (patent, trademark, copyright) including dates, numbers and descriptions. If you are licensing IP, summarize the nature of the license agreement, the IP involved, and the status of the license.

\_\_\_\_\_

**4.0 Incubation/Service Needs, Other Information:** Describe the type of assistance you need from the Hub (e.g., business plan, market research, technology development, office or cubicle space, access to capital, manufacturing, etc.). Provide any additional information that may not be addressed elsewhere in this application.

\_\_\_\_\_

**5.0 References:** Please provide at least two professional references with contact information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_



**BACKGROUND CHECK NOTICE & AUTHORIZATION**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

**NOTICE REGARDING BACKGROUND CHECK**

The Hub of Human Innovation may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include a criminal records check, information about your character, general reputation, credentials, credit history, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your current and past employers, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of consumer reports obtained with regard to tenant applicants are credit reports, criminal history reports, employment history reports, eviction history reports and landlord verifications conducted by Honesta Screening, 6248 Edgemere Blvd. #702, El Paso, TX 79925. The scope of this notice and authorization is all-encompassing and allows The Hub of Human Innovation to obtain from any outside organization all manner of consumer reports and investigative consumer reports.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the NOTICE REGARDING BACKGROUND CHECK and certify that I have read and understand it. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Honesta Screening another outside organization acting on behalf of The Hub of Human Innovation. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

The following is for identification purposes only to perform the background check and will not be used for any other purpose (\*\*TO AVOID DELAYS PLEASE WRITE AS LEGIBLY AS POSSIBLE\*\*):

SOCIAL SECURITY NUMBER \_\_\_\_-\_\_\_\_-\_\_\_\_ (ex: 555-55-5555)

Date of Birth (For Background Purposes Only): \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_

Other names you have been known by (Maiden, AKAs): \_\_\_\_\_

Previous Cities and States lived in during the past 7 years:

City	State
City	State
City	State