



MORDEN INDUSTRIAL
INCUBATOR MALL
186 Cochlan Drive, Morden
Telephone: 204-822-5088
Email: Jdyck@mymorden.ca

INDUSTRIAL INCUBATOR APPLICATION FORM

Applicant's Name: _____

Business Name: _____

Business Number: _____

Mailing Address: _____

(Number & Street or P.O. Box) City Postal Code

Business Address: _____

(If Different from Above)

Email Address: _____

Name(s), address, phone numbers of additional principals, partners or shareholders:

Name	Phone Number/Email

1 BUSINESS SUMMARY

1.1 Business Status (Please check one):

<input type="checkbox"/>	Start-up Business	Projected Start Date	<input type="text"/>
<input type="checkbox"/>	New Business (< 1 Year)	Date Started	<input type="text"/>
<input type="checkbox"/>	Existing Business (> 1 Year)	Date Started	<input type="text"/>



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1.2 Company Status (Please check one):

- Sole Proprietorship
 Corporation
 Partnership
 None at this time

2 BUSINESS DESCRIPTION

2.1 What sector(s) of the economy is your business a part of?

2.2 Describe your business:

2.3 Describe your background/experience with the product/service:

2.4 Describe your market and clients:

3 GROWTH POTENTIAL

3.1 Describe your plan to grow your business?



3.2 How will you measure that growth? (ie. sales, profit, # of employees, assets, value, and/or organizational capacity)

3.3 How will a lease at the Industrial Incubator contribute to your growth?

3.4 What risks to this growth do you anticipate?

3.5 What factors are limiting your growth currently?

3.6 Current and Projected Number of Employees:

Projection	Full-Time	Part Time
At time of occupancy		
One year after occupancy		



Three years after occupancy		
Five years after occupancy		

4 CAPITAL

4.1 Projected Revenue:

Year	Revenue
2018	
2019	
2020 (Projected)	
2021 (Projected)	
2022 (Projected)	

If you projected increased revenue in future years, what factors did you base that projection on?

4.2 How much money have you invested in your business to date and where did it come from? (Financial institution, private, personal, grant, investor, etc)

4.3 What potential for outside investment does your business have and what specifically would you put outside investment funding towards in order to grow your business?

5 INCUBATOR PROGRAM

5.1 Does your business have special facility needs? (High voltage, refrigeration, enhanced ventilation, special security, floor drains, etc.?)

5.2 Do you expect to use any hazardous, high VOC emitting or toxic materials? If so, describe:

5.3 Do you currently have the following? (Check all that apply):

<input type="checkbox"/>	Business Plan	<input type="checkbox"/>	Required Business Permits
<input type="checkbox"/>	Cash Flow Projection	<input type="checkbox"/>	Market Data/Feasibility Study
<input type="checkbox"/>	Current Financial Information	<input type="checkbox"/>	Business Principles/Philosophy

1.1.1 If you do not have a business plan, would you be able to make use of free professional assistance to complete one?

___Yes ___No ___Undecided

5.4 Which of the following professional services could your business make the most use of? (rank your top three):

<input type="checkbox"/>	Business Strategy	<input type="checkbox"/>	Legal
<input type="checkbox"/>	Technical Mentorship	<input type="checkbox"/>	Assembly/Manufacturing
<input type="checkbox"/>	Financial	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Facilities	<input type="checkbox"/>	Human Resources
<input type="checkbox"/>	Management	<input type="checkbox"/>	Other_____

5.5 Approximate date you wish to occupy the incubator space:_____

5.6 Are you a resident of Morden? ___YES ___NO



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If YES, how long?_____ If NO, do you have plans to relocate here?_____

5.7 Please provide any additional information or you feel is relevant. Please also provide any supporting documentation which may support your application.

Applicant hereby certifies that to the best of his/her knowledge that all the information stated on this application and attached to it, is true and accurate. Applicant understands that MCDC will retain this application and any attached materials whether or not it is approved.

Signature:_____ Date:_____