

VERMONT TECH ENTERPRISE CENTER

Information and Application

1. Business Name: _____
Business Address: _____
Business Telephone: _____ Business Fax: _____
Applicant's Name: _____
Applicant's Title: _____
Applicants email address: _____
Website: _____

2. Is your business a: Proprietorship Partnership S Corporation Corporation LLC

3. How long in existence? _____

4. Briefly describe your products and/or services: _____

5. Will your product / services be sold (*check all that apply*):

Locally _____
Regionally (N. Eng.) _____
Nationally _____
Internationally _____

6. What is your target market? _____

7. Business Plan:

Do you have a business plan ready for review? Y N
How long would it take to get it ready? _____ weeks
Would you like assistance in preparing it? Y N

8. Employees:

Current number of employees: _____ (full time) _____ (part time)
Estimated number in 12 months: _____ (full time) _____ (part time)
Do you have employees who telecommute? Y N

9. Approximately how much space will you need? _____

10. Services: The following services are available through association with the VTEC. Please identify which of the following are attractive to you at this time (*check all that apply*):

On site:

Bookkeeping & Payroll
 Business Planning
 Capital: Debt & Equity
 Insurance
 HR manuals & policies
 Manufacturing/Production Assistance
 Networking/Information Technology

Off site:

Accounting & Audit
 Financial Services
 Graphic Design
 Legal
 Management
 Marketing / Public Relations
 Website design

Signed: _____

Date: _____

Please mail or fax this application to:
Vermont Tech Enterprise Center; PO Box 500; Randolph Center, VT 05061-500
Fax: (802) 728-3026