

Brunswick Community College
Business and Industry Incubator Application Qualifying Questionnaire

Name: _____

Address: _____

Email: _____ Website: _____

Phone: _____

Business Name: _____

What is the business legal status? _____

Where did you hear about the incubator? _____

1) Are you currently in Business? Yes__ No__ If not, when do you plan to start? _____

2) Are you the owner? Yes__ No__ If not, who is? _____

3) What is your product or service? _____

4) Who are your target customers? _____

5) Do you currently have employees? Yes__ No__ If yes, how many? ____ How many do you think you will have in 12 months? ____ In 24 months? ____

6) Are you interested in 950 sq. ft. or 1100 sq. ft. facility? _____

7) What type of equipment will you have in the incubator? _____

8) Do you plan to keep your business in Brunswick County after you graduate from the incubator? _____

9) Are there any services that the Brunswick Community College Small business Center can provide you other than the incubator space? _____

10) Do you have any questions for us that would help you decide if the incubator is the right opportunity for you? (Feel free to use the back) _____