



**OHIO**  
UNIVERSITY

Office of the Vice President  
for Research  
Innovation Center

**Ohio University  
INNOVATION CENTER**

**APPLICATION FORM**

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

EIN #: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

How did you learn about the Innovation Center?

- Bank
- Newspaper article
- Friend/family
- Website
- SBDC
- Chamber of Commerce
- Current/past member company
- Other (please indicate) \_\_\_\_\_

List the name(s) of any other principal(s):

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Form of Ownership:

- Sole Proprietorship
- Partnership
- Limited Liability Company
- S Corporation
- Corporation

Type of Business:

- Light Manufacturing
- Service
- High Technology
- Biotechnology
- Retail
- Other \_\_\_\_\_

Briefly describe the business:

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Year business was started: \_\_\_\_\_

Are you currently selling your products and services?       Yes       No

Number of employees (if applicable):      Full-time: \_\_\_\_\_      Part-time: \_\_\_\_\_

What were your past year's total revenues?      \$ \_\_\_\_\_

What were your past year's total expenses?      \$ \_\_\_\_\_

What were your past year's total salaries and wages?      \$ \_\_\_\_\_

What types of financing have you used for your business to date? Please indicate amount financed next to each source.

- |  |   |
|--|---|
| <input type="checkbox"/> Owner Investment \$ _____ | <input type="checkbox"/> Loans/Investments from Friends & Family \$ _____ |
| <input type="checkbox"/> Bank Loan \$ _____        | <input type="checkbox"/> Other Loan Program \$ _____                      |
| <input type="checkbox"/> Venture Capital \$ _____  | <input type="checkbox"/> Angel Investor \$ _____                          |

Please indicate the number of each of the items below currently held by your company:

\_\_\_\_\_ Patents      \_\_\_\_\_ Copyrights      \_\_\_\_\_ Trademarks

What type of business assistance are you seeking from the Ohio University Innovation Center?

- In-House Business Membership**
- Affiliate Membership (no space, services only)**

THE OHIO UNIVERSITY INNOVATION CENTER WAS CREATED TO FOSTER ENTREPRENEURIAL ACTIVITY BY PROVIDING ASSISTANCE TO EMERGING TECHNOLOGY AND PROFESSIONAL SERVICE BUSINESSES.

THE INNOVATION CENTER IS A UNIT OF OHIO UNIVERSITY, OFFERING COUNSELING SERVICES AT NO COST TO ITS MEMBER AND AFFILIATE COMPANIES. ACCORDINGLY, THE OHIO UNIVERSITY INNOVATION CENTER DISCLAIMS ANY AND ALL LIABILITY AND RESPONSIBILITY FOR THE CLIENTS' BUSINESSES AND THEIR BUSINESS ENDEAVORS. ALL DECISIONS CONCERNING MEMBER BUSINESSES ARE AND SHALL REMAIN THE SOLE RESPONSIBILITY OF ITS OWNER (S).