



**PIONEER TECHNOLOGY CENTER  
SMALL BUSINESS INCUBATOR PROGRAM  
APPLICATION FOR PARTICIPATION**

\_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_\_  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Referred by \_\_\_\_\_

**Business Structure**

- Sole Proprietor
- Partnership
- Limited Liability Company
- Corporation

**Type of Business**

- Service
- Manufacturing
- \_\_\_\_\_

**Product or service description**

\_\_\_\_\_  
\_\_\_\_\_

**Describe your customer**

\_\_\_\_\_  
\_\_\_\_\_

**Number of employees**

Current \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**Employee training required**

- Yes
- No

**Space required**

400 sq ft/Ste \_\_\_\_\_  700 sq ft/Ste \_\_\_\_\_  900 sq ft/Ste \_\_\_\_\_

**Utility Hook-ups**

Yes  No  Special \_\_\_\_\_

**Important**  **I understand and agree to adhere to Pioneer Technology Center's Tobacco Free Campus Policy.**

**Please attach the following items:**

- Two (2) Business Reference Letters**
- Current Credit Report (Personal)**
- Criteria for Occupancy**

\_\_\_\_\_  
Signature (Coordinator)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Pioneer Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, age, disability, or veteran status. Inquiries concerning application of this policy should be made to Kahle Goff or Arlene Stauffer, Co – Compliance Officers at (866) 612-4782 or at 2101 N. Ash, Ponca City, OK.