

# INCUBATOR AT SASAKI

## PROSPECTIVE TENANT APPLICATION

Today's Date: \_\_\_\_\_

### COMPANY INFORMATION

Leasing Entity Name: \_\_\_\_\_

*(Name of Individual, Partnership, or Corporation, as it would appear on the Lease)*

Check which one applies:

- Corporation** *(Please provide Articles of Incorporation / Tax returns for 2 years)*
- Partnership** *(Please provide Partnership Agreement / Financial Statements for 2 years)*
- Individual / Sole Proprietor / Other** *(Please provide Balance Sheet / Financial Statements for 2 years)*

State of Incorporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Federal TIN or SSN: \_\_\_\_\_

Local Business Phone #: \_\_\_\_\_

Corporate Phone #: \_\_\_\_\_

Emergency (or After Hours) Phone #: \_\_\_\_\_

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

Website: \_\_\_\_\_

**Please provide the business plan for your project or organization.**

### INCUBATOR ALIGNMENT

Please respond to the following questions:

1. **What does your organization do, whom do you target, and how do you serve your customers / clients?**

2. **Who is on your team, and who will participate in the Incubator?**
  
3. **How will your organization benefit from the Incubator, and what can it contribute to the Incubator community?**
  
4. **How does your organization align with the Foundation's mission and its proposed project areas (Climate, Housing, Transit / Mobility, Community Building)?**
  
5. **What is the impact your organization brings to the world (e.g., job creation, technology development, creation of entrepreneurship / business activities, culture and arts)?**

## **INCUBATOR USAGE**

**Please provide a description of your intended use of the Incubator:**

Who will be the Principal(s) / Individual(s) / Director(s) signing the Lease?

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

Home Address:City / State / Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

DOB: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Email address: \_\_\_\_\_

Currently employed by: \_\_\_\_\_

Employer address / contact info: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## REQUIREMENTS

Which type of space do you require?:

	Designated Desk	Full-time shared space	Part-time shared space
How many desks/spaces do you need?			
How many employees will use each space?			
How long do you plan to rent the space(s)? 3/6/9/12 Months			

Please indicate the days of week and the hours that you would expect someone to be in the Incubator:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Banking information:

Bank Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please provide three references:

1. \_\_\_\_\_  
(Name, address, phone number)

2. \_\_\_\_\_  
(Name, address, phone number)

3. \_\_\_\_\_  
(Name, address, phone number)

I hereby give the above references, Experian, and Dunn & Bradstreet permission to provide financial and credit information, verbally or written (via fax or mail) to representatives of the Incubator at Sasaki.

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*Signature*

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*Print Name*

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*Title*

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*Date*

## **SUBMIT**

Please submit this application to :

**By mail or in-person to:**

Alexandra Lee  
Executive Director  
Sasaki Foundation  
64 Pleasant Street  
Watertown, MA 02472

**By email:**

[alee@sasakifoundation.org](mailto:alee@sasakifoundation.org)

**By fax:**

617-924-2748

Questions?

Please email [info@sasakifoundation.org](mailto:info@sasakifoundation.org)