



Henderson Chamber of Commerce Foundation Launchpad Business Entrepreneur Application

The Henderson Chamber of Commerce Foundation (HCCF) offers a Business Incubator program for start-up or expanding small businesses in Southern Nevada. Potential participants must submit this application and a business plan for review. All information contained in the application will be kept completely confidential and will be used by Launchpad to evaluate the applicants business enterprise and compatibility with Launchpad's mission. The applicant must be an at-home business looking to expand into an office setting or a start-up company in existence less than two years. The applicant cannot be a banking institution of any type and cannot offer any banking service or financial investment services. Retail or other uses incompatible with Launchpad will be further determined by Launchpad management.

**Applications should be sent to Mara Pope, HCC Foundation Administrator:
mpope@hendersonchamber.com.**

Confidential Application Checklist

- | | | |
|---|--|---|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Business Plan | City of Henderson Business License |
| <input type="checkbox"/> Copy of Driver's License | | Other State, County, and City Business Licenses |
| <input type="checkbox"/> Current Credit Report (less than 3 months old) | | |
| <input type="checkbox"/> Financial Projections – Income Statement, Balance Sheet & Cash Flow Forecast for 3 Years | | |

APPLICANT INFO

Date _____ How Did You Hear About Launchpad? _____

Company Name _____

Contact Name _____ Title _____

Address/City/State/Zip Code _____

Work Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Website _____

Number of Employees Who Will Work Out of This Office _____ Full-Time _____ Part-Time _____

Employees Names _____

What Are Your Anticipated Operating Hours _____

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BUSINESS INFORMATION

Date Business Was Formed _____ Business/Product/Service: _____

Type of Business ☐ Proprietorship ☐ General Partnership ☐ Limited Partnership ☐ Corporation
☐ Minority Owned ☐ Woman Owned ☐ Veteran Owned

If Business is a Partnership, Fill Out Requested Info Below For ALL General Partners (Including Yourself If Applicable):

Partner's Name(s)	SS #	Percent of Ownership	%
_____	_____	_____	_____
Partner's Name(s)	SS #	Percent of Ownership	%
_____	_____	_____	_____
Partner's Name(s)	SS #	Percent of Ownership	%
_____	_____	_____	_____

If the Business is a Corporation, Please Fill Out Requested Info Below:

Officer Name(s) _____
Officer Name(s) _____
Officer Name(s) _____
E.I.N. Number _____ State of Incorporation _____ Date of Incorporation _____
Type of Corporation ☐ C Corp ☐ S Corp ☐ LLC

Business Stage ☐ Concept (Business Plan Not Complete, Developing Product/Service, No Sales to Date)
☐ Start-Up (Business Plan Complete, Product Fully Developed, Ready to Open Business)
☐ Expanding (Sales Achieved, Business Growing and Needs Expansion)

Gross Revenue: Last Year	\$	_____	Projected This Year	\$	_____	Projected Next Year	\$	_____
Net Revenue: Last Year	\$	_____	Projected This Year	\$	_____	Projected Next Year	\$	_____

Any Legal, Regulatory, or Environmental Issues Pending Against Your Company? Describe ☐ Yes ☐ No

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FINANCING/INVESTMENT CAPITAL

Revenue In Most Recent Fiscal Year: \$ _____ Year Ending _____

Revenue In Previous Fiscal Years: \$ _____ \$ _____ \$ _____

Financing Received to Date (Specify Debt/Equity Amounts) Debt \$ _____ Equity \$ _____

By whom? ☐ Self ☐ Bank ☐ Family/Friends ☐ Individual Investors ☐ Venture Capitalist ☐ Other

What Are the Repayment Terms of the Financing? (Equity Conversion, Debt Repayment, Royalty Stream %, etc.)

How Much Capital is Needed to Fulfill Your Business Plan? \$ _____ by _____ Month/Year

Credit Score: _____ (a copy of your credit report must be attached to application - Less Than 3 Months Old)

OCCUPANCY INFORMATION

Desired Date of Occupancy _____ Current Space Needed ☐ 200-300 sq ft ☐ 300-400 sq ft

Do You Anticipate That These Needs Will Change in Years Two and Three? If So, How?

Space Business is Current Occupying ☐ Commercial Facility ☐ Home Office ☐ Not Applicable ☐ Other

Past Landlord Contact Info (if applicable) Contact Name _____

Company Name _____ Phone _____

Address _____ Email _____

Do You Have Any Special Utility or Security Requirements? If Yes, Please Explain

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BUSINESS PLAN

A business plan is required to accompany this application. If assistance or services are needed, please contact Mara Pope, HCC Foundation Administrator, at 702-565-8951, mpope@hendersonchamber.com.

Please provide an executive summary of your business plan and include the following information:
products/services offered, market niche/served, market strategy, competition and product differentiation.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

BUSINESS INCUBATOR PARTICIPATION

What Kind of Assistance Do You Expect From the Business Incubator Program?

What Business Services Does Your Company Need:

- | | |
|--|---|
| <input type="checkbox"/> Business Plan Preparation | <input type="checkbox"/> Organization Legal Structure |
| <input type="checkbox"/> Conducting Market Research | <input type="checkbox"/> Prototype Development |
| <input type="checkbox"/> Conducting Concept Feasibility Study | <input type="checkbox"/> Strategic Partnering |
| <input type="checkbox"/> Financial Analysis/Product Costs | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Website/Social Media |
| <input type="checkbox"/> Management Team Development | <input type="checkbox"/> Employee Hiring |
| <input type="checkbox"/> Intellectual Property - Patent/Copyright /Trademark | |

By signing this tenant application, the applicant agrees that the information provided is true to the best of their knowledge. Failure to provide honest and accurate information on this application can result in Launchpad terminating the lease agreement with the applicant, thus causing an eviction. The applicant also acknowledges that the Henderson Chamber of Commerce Foundation may obtain relevant credit information/reports and background checks with respect to the applicant business and/or its principals. All information contained in the application will be kept completely confidential and will be used by Launchpad to evaluate the applicants business enterprise and compatibility with Launchpad's mission. Applicant acknowledges that the HCC Foundation will retain this application whether or not it is approved. As a requirement of being a tenant of Launchpad, applicant must be a member of the Henderson Chamber of Commerce. Signature also shows that the applicant understands that their membership must be in good standing throughout their tenancy in Launchpad.

***Applicants cannot be a banking institution of any type and cannot offer any banking service or financial investment services. Retail or other uses incompatible with Launchpad will be further determined by Launchpad management.*

To Be Signed By All Major Shareholders

Name _____	Signature _____
Title _____	Date _____
Name _____	Signature _____
Title _____	Date _____
Name _____	Signature _____
Title _____	Date _____

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