

# Enrollment Application

Manufacturing Development Center

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For enrollment consideration, please complete this form and mail to:

Richard D. Purgason, Director  
Manufacturing Development Center  
999 Chestnut Street  
Gainesville, GA 30501

## I. GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

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

Former Address: \_\_\_\_\_  
(If less than 2 years at current address.)

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

Type of Company:     Sole Proprietorship     Corporation (C or S)     Partnership

Federal Tax ID Number (if incorporated): 58-\_\_\_\_\_

Is business currently in operation?     Yes     No

If yes, year business founded: \_\_\_\_\_

If no, where employed? \_\_\_\_\_

Do you currently have a Hall County business license?     Yes     No

Do you have a business plan?     Yes (If yes, please attach.)     No



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- **How do you market and distribute your product or service?**

- Direct Mail
- Sales Force
- Other (Please Describe \_\_\_\_\_)
- Personal Contacts Made by Owner
- Publication Advertising

### III. BUSINESS EXPERIENCE

- **Describe your past experience that relates to your product/service and the length of that experience. (Attach resume, if available.)**

- **List the names and titles of any other officers or key personnel. (Attach resumes, if available.)**

### IV. BUSINESS SERVICE NEEDS

- **What type(s) of office support services are you interested in?**

- Receptionist
- Secretarial/Word Processing
- Computer
- Copier
- Fax Machine
- Mail Handling
- Conference Room
- Other (Please Describe \_\_\_\_\_)

- **Do you currently have an accountant?**     Yes     No

If yes, please list name and address: \_\_\_\_\_

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- **Do you currently have an attorney?**    Yes    No

If yes, please list name and address: \_\_\_\_\_

- **Do you need management assistance?**    Yes    No

If yes, what type? \_\_\_\_\_

- **If a three member advisory board of local business professionals is available to assist you, what areas of expertise would you be interested in having representation on your advisory committee? (i.e., clerical, marketing, accounting, legal, computer, engineering, etc.)**

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

## V. FACILITY REQUIREMENTS

- **Are you currently occupying a facility (either in your home or at a commercial location)?**    Yes    No

If yes, what is your current square footage?

Office: \_\_\_\_\_ square feet  
Manufacturing: \_\_\_\_\_ square feet

What is your approximate monthly cost for this facility?

Rent:                 \$ \_\_\_\_\_  
Utilities:            \$ \_\_\_\_\_

- **How many square feet does your business require?**

Office: \_\_\_\_\_ square feet  
Manufacturing: \_\_\_\_\_ square feet

By end of one year?

Office:                 \_\_\_\_\_ square feet  
Manufacturing:       \_\_\_\_\_ square feet

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- **If you require other than office space, please describe the machinery and equipment to be located on the premises and what service support is needed to maintain the equipment (i.e., electric load, venting, cooling, etc.).**

- **What is your capacity need for:**

Electricity \_\_\_\_\_  
Natural Gas \_\_\_\_\_  
Water/Sewer \_\_\_\_\_

- **If accepted as a tenant, when would you want to start occupancy in the facility?**

- **How many total employees will be occupying space?**

	Current	1 Year	2 Years
Full-time	_____	_____	_____
Part-time	_____	_____	_____

- **List any flammable, volatile, or toxic chemicals you have on site at any time:**

- **How will you dispose of your hazardous materials that cannot be placed in the sewer system, trash dumpster, or landfill?**

## VI. OTHER

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- **How did you learn about the Business Expansion Center?**
- **How do you think participation in this center would benefit your business?**
- **Please attach a brief narrative which generally describes your business, market and operational plan.**

## VII. BUSINESS FINANCIAL INFORMATION

- **What are your projections for total gross sales volume?**

Year 1    \$ \_\_\_\_\_  
Year 2    \$ \_\_\_\_\_  
Year 3    \$ \_\_\_\_\_

- **What is the amount and source of financing for operating your business?**

- Existing Loan(s) Amount                      \$ \_\_\_\_\_
- Cash/Equity Account                            \$ \_\_\_\_\_
- Operating expenses are/will be covered by sales.

- **Are you currently seeking funds for your business?**     Yes     No

If yes, please state funds needed (amount and duration):

\_\_\_\_\_

Where do you plan to obtain these funds?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Please list your business bank references. (Please include branch location and representative's name.)**

\_\_\_\_\_

\_\_\_\_\_

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- Please complete the attached cash flow projection and return with application.

**I am applying for admission to the Manufacturing Development Center. I understand that as a part of the screening process my credit history and financial references may be investigated, but the information contained in this application will be held in strict confidence. In that this application is subject to review, no liability will be assumed by the Manufacturing Development Center, and no guarantee of admission has been made.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed application should be returned to:

Richard D. Purgason, Director  
Manufacturing Development Center  
999 Chestnut Street  
Gainesville, GA 30501  
Email: RPurgason@LanierTech.edu

Attachments: Personal Financial Statement

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Director Comments and Recommendation:

Signed: \_\_\_\_\_  
Richard Purgason, Director

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MDC Advisory Board Comments:

MDC Advisory Board Recommendation:

Accepted                       Rejected                       Held in abeyance

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

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

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