



## Scott County Business Accelerator Program Application for Admission

### Contact Information

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

Principals and Titles: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

### Company Information

Form of Ownership ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Company form (C-Corp, S-Corp, LLC, etc.): \_\_\_\_\_

Applicants shall attach a certificate of good standing from the Minnesota Secretary of State's Office to the application for any entity other than a sole proprietor. ☐ Attached

Nature of business - include a brief description of product/service and nature of your market. Submit product brochures, links to social media sites and any other company literature:

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Brief background of Principal Officer(s); please attach resume: \_\_\_\_\_

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Date business was established: \_\_\_\_\_

Current status or stage of development of business: (e.g. working on prototype, produce in advanced development, etc.): \_\_\_\_\_

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Current sales revenue (dollar volume per month) \$ \_\_\_\_\_

Number of employees (include principals): \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Projected Number of employees in 12 months: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Projected number of employees in 24 months: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Type of financing used to operate business to date:

☐ Venture Capital Firms

☐ Private Investors

☐ Personal Resources

Other (indicate nature): \_\_\_\_\_

Status of Business Plan:

☐ Completed (please attach a copy)

☐ In preparation and available by: \_\_\_\_\_

☐ Not yet started

Would you like free business advisory assistance writing a business plan? ☐ Yes ☐ No

Type of business assistance needed (Check all that apply)

☐ Business Strategic Plan development

☐ Promotion and marketing assistance

☐ Business Networking Opportunities

☐ Technical Support

☐ Funding for start-up and maintenance

☐ Customer Service

☐ Hiring and managing employees

☐ Accounting and Finance

☐ Administrative Support/Office

☐ Service Training/Educational

☐ Programs Sales/Marketing

☐ Legal/Patent Services

☐ Commercialization

Other (Please explain): \_\_\_\_\_

What date would you be interested in starting the lease term? \_\_\_\_\_

Approximate space requirements (square feet): \_\_\_\_\_

Type of space (i.e. number of offices, open space area, cubicle(s), etc.): \_\_\_\_\_

Any special facility requirements such as electrical, security, technology/software, etc. If yes, please specify: \_\_\_\_\_

Please explain what services you or your organization can offer other clients of the Business Accelerator Program: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

Note: Please attach or mail a business plan and summary, company and project literature, certificate of good standing and management biographies to:

Jo Foust, Business Development Specialist  
Scott County CDA - Business Accelerator  
4601 Dean Lakes Blvd  
Shakopee MN  
Or email to: [jfoust@scottfss.org](mailto:jfoust@scottfss.org)

I understand participation in the Business Accelerator Program requires one month down payment as payment as a security deposit, with the first month paid prior to participation, and monthly payments due the 1<sup>st</sup> of each month thereafter. The accelerator program is designed to support Scott County's emerging businesses succeed and thrive.

I understand participation in the Business Accelerator Program requires interaction with the assigned mentor, participation in educational and networking sessions, as able, and quarterly reports on employment and changes in the business to the Scott County CDA staff.

Applicant's Name(s): \_\_\_\_\_

Title(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

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

Participants receive the following benefits, in addition to leased office space:

- ◆ Professional mailing address/business identify with mailbox service, during regular business hours.
- ◆ Access to the business accelerator services (advisory support, mentoring, business assessment, quarterly goal review, peer engagement and professional service referrals)
- ◆ Networking and collaboration opportunities
- ◆ Inclusion in educational sessions
- ◆ Access to conference rooms and meeting space (with reservations)
- ◆ Access to high-speed internet within the office location at 4601 Dean Lakes Blvd, Shakopee).
- ◆ Access to shared lunchroom and break room facilities
- ◆ Access to a fitness room (during non-school use hours)
- ◆ Ability to collaborate with educational programming, as applicable and available.

You are being asked to provide the information in this application in order to assess your qualifications for the Scott County Business Accelerator Program. You are not required to provide this information. However, if you fail to provide sufficient information the Scott County CDA may not be able to process your application. Any data collected or maintained by the Scott County CDA as part of the selection or evaluation process is private until the selection process is complete at which point it becomes public pursuant to Minn. Stat. 13.591, Subd. 4. Public data is available to anyone who requests it. Some of the information requested will remain private. Trade secret data is private pursuant to Minn. Stat. 13.37. Financial information about the business is private until financial assistance is granted pursuant to Minn. Stat. 13.591. The following financial data remains private even if financial assistance is granted: business plans; income and expense projections not related to the financial assistance provided; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Information you provide that is considered private will be available to Scott County CDA employees, and Advisory Board members whose duties reasonably require access to this information as well as to anyone granted access through statute or court order.