

BioBAT Brooklyn Application

Business Name: _____ Application Date: _____

SECTION I: CONTACT INFORMATION

Contact Person				
Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First Name	Last Name
Phone #:	Fax #:	Email:		

SECTION II: BUSINESS INFORMATION

Current Business Address:		

<i>Number and Street</i>		

<i>City, State and Zip Code</i>		
_____	_____	_____
<i>Phone #</i>	<i>Fax #</i>	<i>Email</i>

Principal #1:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

Principal #2:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

Principal #3:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

Please attach separate sheet(s) for any additional Principals.

Other Person(s) Authorized to Negotiate/Contract on behalf of Business:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Phone #</i>	<i>Email</i>		

Dr.	<input type="checkbox"/>			
		<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
		<i>Phone #</i>	<i>Email</i>	

Please attach separate sheet(s) for any additional authorized persons.

Describe Company's Objective and Products/Services:

Do the Business or its Principals Have Any Current/Prior Relationship with BioBAT, NYCEDC, SUNY, SUNY RF or SUNY Downstate, or its personnel? Yes No

If yes, please describe: _____

Business Operations began/will begin in (month/year): _____ Incorporated in: State _____ Year _____

Capitalization \$ _____ FY 20 ____ Operating Budget: \$ _____ FY 20 ____ Sales Revenues: \$ _____ FY 20 ____

Number of Employees: _____ Full Time _____ Part Time _____ Research/Science _____ Tech/Other

SECTION III: REQUIREMENTS

Approximate Space Required: Wet Lab _____ sq. ft. Office/Other _____ sq. ft. Total _____ sq. ft.

Required Start Date of Occupancy (approx.): Month _____ Year _____ Length of Occupancy (approx.): _____ yrs

	Required	<u>Number (if applicable)</u>	Preferred	<u>Number (if applicable)</u>
Vacuum	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fume Hoods (1 per lab)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Biosafety Hoods	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Benches	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Hazardous Materials	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
A. Type		_____		_____
B. Estimated Amounts		_____		_____
C. How will you handle		_____		_____
Radioactive Materials	<input type="checkbox"/>	<u>PERMISSION REQUIRED</u>	<input type="checkbox"/>	<u>PERMISSION REQUIRED</u>
Animal Facility	<input type="checkbox"/>	For: _____	<input type="checkbox"/>	For: _____

Other (specify): _____

Please submit this completed application along with your Business Plan, which includes R&D Plans, audited financial statements, resumes of principals, and supporting documentation to:

Kathleen Otto
Executive Director, BioBAT, Inc.
Brooklyn Army Terminal, Building A
140 58th Street, Box 194
Brooklyn, NY 11220
Mobile Phone: 347-534-7759, Fax: 718-270-1878
Email: kotto@BioBAT.nyc