



## Application for Incubator Space Admission

Date of Application:

Expected Leasing Date:

Duration of Lease:

Company Name (Incorporation Status/legal entity's name):

---

Contact Information:

Name/Title/Cell/Email

---

Current company's location:

Company's website:

- ❖ Does your company have General Liability policy in place?
- ❖ Nature of Business (non-confidential) – include a half to 1 page description of product/service and nature to life science market. Include goals/reasons to need incubator facility (POC study, SBIR project, working on prototype, etc.). **Please send in a separate word/pdf document.**
- ❖ List of main chemicals and biological materials will be used (**Radioactive material is not permitted on Premises**) :
  
- ❖ What is your work or experiment process?
  
- ❖ Will there be hazardous fume or particulates be generating?
  
- ❖ Will there be any exposures to the lab? (i.e. pathogenic materials, smell, smoke, etc.)
  
- ❖ Does your company have standard protocol for working with biohazard materials?
  
- ❖ Number of team member using facility on a regular basis:



➤ Space Requesting:

- Office Space                    Yes    /    No
- Chemistry Bench                Yes    /    No, if Yes # of benches:
- Chemistry Hood                 Yes    /    No, if yes # of Hoods:
- Biology Bench                  Yes    /    No, if yes # of benches:
- Tissue Culture, BSC            Yes    /    No, if yes private or shared?
  
- Special Requirements / Equipment: \_\_\_\_\_

Print Name / Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email application to: [anny@c2ixcel.com](mailto:anny@c2ixcel.com)