

# Lokahi Pacific

HARRY AND JEANETTE WEINBERG PONO CENTER

62 N. MARKET STREET, SUITE 300 ♦ WAILUKU, MAUI, HAWAII 96793 ♦ TELEPHONE 808.442.3028 ♦ FAX 808.442.3029 ♦ [www.lokahipacific.org](http://www.lokahipacific.org)

## Business Incubator Application

Applicant's Name: \_\_\_\_\_

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

Title: \_\_\_\_\_ General Excise Tax No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street or P.O. Box) City Zip Code

Business Address: \_\_\_\_\_  
(If Different From Above) City Zip Code

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### SECTION ONE: ELIGIBILITY CHECKLIST

Check **YES** or **NO** for each question:

	YES	NO
Do you have a working business plan?	<input type="checkbox"/>	<input type="checkbox"/>
Will your business be a full-time operation in the incubator?	<input type="checkbox"/>	<input type="checkbox"/>
Will you agree to comply with all applicable regulations and ordinances if you are accepted as a client of the Lokahi Pacific Business Incubator?	<input type="checkbox"/>	<input type="checkbox"/>

**STOP** If you answered "YES" to the questions listed above then continue. If you answered "NO" to any of the questions please contact the Lokahi Pacific Business Incubator.

**SECTION TWO: APPLICATION**

(PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY)

1. Business Status (Please check one):

Start-Up Business (Not yet in production)

Anticipated Starting Date: \_\_\_\_\_

New Business (Already in 1<sup>st</sup> year of production)

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

Existing Business (More than 1 year old)

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

If this is a new business: What steps have you taken towards establishing your business?

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Describe the stage of development your business is in at this time:

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2. Company Status (Please check one):

Sole Proprietorship

Corporation

None Yet

Partnership

LLC

Other, Specify: \_\_\_\_\_

3. Name(s), address, phone numbers of additional principals, partners or shareholders:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
❖	_____	_____
❖	_____	_____
❖	_____	_____
❖	_____	_____
❖	_____	_____

4. Briefly describe your business, its products and markets:

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5. Describe your background or experience with product/service of the business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. State your reason(s) for seeking space at the Lokahi Pacific Business Incubator:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How much money have you already invested in this business? \_\_\_\_\_

8. How do you intend to capitalize (finance) this business?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Project number of employees:

• At time of occupancy:	Full-time: _____	Part-time: _____
• One year later:	Full-time: _____	Part-time: _____
• Two years later:	Full-time: _____	Part-time: _____
• Three years later:	Full-time: _____	Part-time: _____

10. Does your business have special facility needs? (high voltage, refrigeration, special security, etc)?  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you expect to use any hazardous or toxic materials? If so, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you currently have the following? (Check all that apply):

<input type="checkbox"/> Business plan	<input type="checkbox"/> Market/feasibility study
<input type="checkbox"/> Business plan outline	<input type="checkbox"/> Current financial information for business and/or principals
<input type="checkbox"/> Required business permits	

13. Do you need assistance to create or complete your business plan?

Yes       No       Undecided

14. What are your strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. What potential problems do you foresee in business, and/or in entering your market?  
\_\_\_\_\_  
\_\_\_\_\_

16. Check areas of assistance requested from the incubator (whichever apply):

- |                                    |                                     |                                                 |
|------------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Strategy  | <input type="checkbox"/> Technical  | <input type="checkbox"/> Assembly/Manufacturing |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Marketing  | <input type="checkbox"/> Facilities             |
| <input type="checkbox"/> Legal     | <input type="checkbox"/> Management | <input type="checkbox"/> Other: _____           |

17. Approximate date you wish to occupy the incubator space: \_\_\_\_\_

18. Are you a resident of Maui County?     YES       NO  
If YES, how long? \_\_\_\_\_      If NO, do you have plans to relocate here? \_\_\_\_\_

19. Please provide any additional information you feel is relevant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant hereby certifies that to the best of his/her knowledge that all the information stated on this application and attached to it, is true and accurate. Applicant understands that Lokahi Pacific will retain this application and any attached materials whether or not it is approved.**

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

Mail completed application to 62 N. Market St., Suite 300, Wailuku, HI 96793. Any questions, call Pono Center Staff at (808)442-3028.

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## Credit Report Authorization

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Number & Street or P.O. Box) City Zip Code

Previous Address (If at above address for less than 3 years:

\_\_\_\_\_  
(Number & Street or P.O. Box) City State Zip Code

Pursuant to my application to the Incubator Program,  
I understand that a credit report will be obtained.

I hereby authorize Lokahi Pacific to obtain my credit report.

Signature: \_\_\_\_\_

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



## AUTHORIZATION TO RELEASE INFORMATION

TO: \_\_\_\_\_

RE: \_\_\_\_\_  
(Account or Other Identifying Number)

I have applied for or obtained a loan or grant from LOKAHI PACIFIC (Lokahi). As part of the process, Lokahi may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to Lokahi for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account(s), stock holdings, retirement accounts, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize Lokahi to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., Lokahi is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to Lokahi without further notice or authorization and may be disclosed or released by Lokahi to another Government agency or department, however, said financial records may not be used for another purpose without my consent except as required or permitted by law.

The information Lokahi obtains is only to be used in the processing of my request for assistance.

**A copy of this authorization may be accepted as an original.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date