

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

VIRTUAL OFFICE PROGRAM APPLICATION

(Please attach additional pages as necessary)

Applicant's Name: _____

Business Name: _____

Title: _____ Type of Business: _____

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

Business Address: _____
(If Different From Above) City State Zip Code

Business Phone: _____ Cell Phone: _____

Fax No.: _____ E-Mail Address: _____

1. Business Status (Please check one):

- Start-Up Business (Not yet in production)
 New Business (Already in 1st year of production)
 Existing Business (More than 1 year old)

Anticipated Starting Date: _____

Date Started: _____

Date Started: _____

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

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

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:

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

6. State your reason(s) for participation in the Virtual Office Program:

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

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

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

- Business plan
- Market/feasibility study
- Business plan outline
- Current financial information for business and/or principals
- Required business permits

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

- Yes
- No
- Undecided

11. What are your strengths? _____

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

13. 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: _____ |

14. Are you a resident of Maui County? YES NO

If YES, how long? _____ If NO, do you have plans to relocate here? _____

15. How did you learn about the Weinberg Pono Center *Virtual Incubation Program*?

16. 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 Street, Suite 300, Wailuku, HI 96793. Any questions, call (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 Virtual Office Program,
I understand that a credit report will be obtained.

I hereby authorize Lokahi Pacific to obtain my credit report.

Signature: _____ Date: _____