



MGM Resorts International Minority/Woman Owned Business Entrepreneur Grant HENDERSON BUSINESS RESOURCE CENTER Tenant Application

The **Henderson Chamber of Commerce Foundation** is pleased to announce it has been awarded a grant from **MGM Resorts International** to provide complimentary office space for 12 months to a ***Minority or **Woman Owned Business Entrepreneur** at our **Henderson Business Resource Center (HBRC)**. In addition, the **Henderson Chamber of Commerce (HCC)** will provide the recipient with a **complimentary annual Chamber membership**. The office that the recipient will utilize can accommodate 3-4 people maximum. Applications should be sent to Kelly Green at KGreen@HendersonChamber.com no later than **September 21st, 2018**. A selection committee from the Chamber Foundation Board will review the applications and select a MOB/WOB for the subsidized 12-month lease. Move-in date is **November 1, 2018**.

To be an eligible Minority Owned Business (MOB), your business must:

- Be owned by a United States citizen
- Be at least 51% minority-owned operated and controlled. A minority group member is an individual who is at least 25% Asian, Black, Hispanic or Native American. Minority eligibility is established via a combination of screenings, interviews and site visits. Ownership, in the case of a publicly-owned business, means that at least 51% of the stock is owned by one or more minority group members
- Management and daily operations must be exercised by the minority ownership member(s).

To be an eligible Woman Owned Business (WOB), your business must:

- Be owned by a United States citizen
- Be at least 51% owned and controlled by a woman/women
- Have a woman/women manage day-to-day operations and also make long-term decisions.

Application Checklist:

- Completed Application
- Copy of Driver's License
- Three Years Federal Tax Returns (Business & Personal)
- Financial Projections – Income Statement, Balance Sheet & Cash Flow Forecast for Three Years (Verification of Information on Page 3)
- Business Plan (Page 4)
- Current Credit Report (less than 3 months old)
- Copy of Business License

APPLICANT INFO

Date _____ I am a MOB WOB How did you hear about the MGM grant? _____

Company Name _____

Contact Name _____ Title _____

Address/City/State/Zip Code _____

Work Phone _____ Cell Phone _____ Home Phone _____

Email Address _____ Website _____

Number of Employees Who Will Work Out Of This Office _____ Full-Time _____ Part-Time _____

Employees Names _____

What are your anticipated operating hours _____



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Proud Member of the National Business Incubator Association
112 Water Street, Henderson, NV 89015
702.209.3967 | www.HendersonChamber.com



BUSINESS INFORMATION

Date Business Was Formed _____ Business/Product/Service: _____

Type of Business Proprietorship General Partnership Limited Partnership Corporation

If business is a partnership, fill out requested info below for ALL general partners (including yourself if applicable):

Partner's Name(s) _____ SS # _____ Percent of Ownership % _____

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If the business is a corporation, please fill out requested info below:

Officer Name(s) _____

Officer Name(s) _____

Officer Name(s) _____

E.I.N. Number _____ State of Incorporation _____ Date of Incorporation _____

Type of Corporation C Corp S Corp LLC

Business Stage Concept (Business plan not complete, developing product/service, no sales to date)
 Start-Up (Business plan complete, product fully developed, ready to open business)
 Expanding (Sales achieved, business growing and needs expansion)

Gross Revenue - Last Year \$ _____ Projected This Year \$ _____ Projected Next Year \$ _____

Net Revenue - Last Year \$ _____ Projected This Year \$ _____ Projected Next Year \$ _____

Are there any legal, regulatory, or environmental issues pending against your company? Yes No

Describe _____



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FINANCING/INVESTMENT CAPITAL

Revenue in most recent fiscal year: \$ _____ Year Ending _____

Revenue in previous fiscal years: \$ _____ \$ _____ \$ _____

Financing received to date (Specify debt/equity amounts) Debt \$ _____ Equity \$ _____

By whom? Self Bank Family/Friends Individual Investors Venture Capitalist Other

What are the repayment terms of the financing? (equity conversion, debt repayment, royalty stream %, etc.)

How much capital is needed to fulfill your business plan? \$ _____ by _____ (month/year)

Business Checking Account # _____ Bank Name _____ Balance _____

Business Savings Account # _____ Bank Name _____ Balance _____

Credit Score: _____ (a copy of your credit report must be attached to application - less than 3 mos. old)

OCCUPANCY INFORMATION

Desired date of occupancy _____ Current space needed 200-300 sq ft 300-400 sq ft

Do you anticipate that these needs will change in years two and three? If so, how?

Space Business Is Current Occupying Commercial Facility Home Office Not Applicable Other

Past Landlord Contact Info (if applicable) Contact Name _____

Company Name _____ Phone _____

Address _____ Email _____

Do you have any special utility or security requirements? If yes, please explain



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BUSINESS INCUBATOR PARTICIPATION

What types of particular (or specific) assistance do you expect from the business incubator program?

What business services does your company need:

- | | |
|--|---|
| <input type="checkbox"/> Business Plan Preparation | <input type="checkbox"/> Organization Legal Structure |
| <input type="checkbox"/> Conducting Market Research | <input type="checkbox"/> Prototype Development |
| <input type="checkbox"/> Conducting Concept Feasibility Study | <input type="checkbox"/> Strategic Partnering |
| <input type="checkbox"/> Financial Analysis/Product Costs | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Website/Social Media |
| <input type="checkbox"/> Management Team Development | <input type="checkbox"/> Employee Hiring |
| <input type="checkbox"/> Intellectual Property - Patent/Copyright /Trademark | |

By signing this tenant application, the applicant agrees that the information provided is true to the best of their knowledge. Failure to provide honest and accurate information on this application can result in the HBRC breaking its lease agreement with the applicant, thus causing an eviction. The applicant also acknowledges that the Henderson Chamber of Commerce Foundation may obtain relevant credit information/reports and background checks with respect to the applicant business and/or its principals. Applicant also acknowledges that the HCCF/HBRC will retain this application whether or not it is approved. As a requirement of being a tenant of the HBRC, you must be a member of the Henderson Chamber of Commerce (HCC), thus the Grant recipient will receive a complimentary annual HCC membership. If you continue as a tenant after the completion of this Grant, you will be required to pay for your HCC membership and office space going forward. Signature also shows that the applicant understands that you must maintain your membership in good standing throughout your occupancy of space in the HBRC.

To Be Signed By All Major Shareholders

Name _____	Signature _____
Title _____	Date _____
Name _____	Signature _____
Title _____	Date _____
Name _____	Signature _____
Title _____	Date _____



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