

**TECHNICAL INNOVATION CENTER  
AT  
HAGERSTOWN COMMUNITY COLLEGE**

**Application**

Company Name: \_\_\_\_\_ EIN#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number(s): Business \_\_\_\_\_ Home: \_\_\_\_\_

**A \$25 non-refundable application fee, made payable to Hagerstown Community College, is required. Prior to final acceptance, a viable business plan must be approved.**

1. Description of major product/service: \_\_\_\_\_  
\_\_\_\_\_

Business Category:    Technology \_\_\_\_\_                      Sales \_\_\_\_\_  
                                  Production \_\_\_\_\_                      Service \_\_\_\_\_  
                                  Professional \_\_\_\_\_                      Other \_\_\_\_\_  
                                  Marketing \_\_\_\_\_

2. Principals:  
President/CEO: \_\_\_\_\_ SS#: \_\_\_\_\_  
Home Address: \_\_\_\_\_

U.S. Citizen? \_\_Yes \_\_No If no, give alien registration number: \_\_\_\_\_

Are you presently under indictment, on parole or probation? \_\_Yes \_\_No  
If yes, indicate date parole or probation is to expire: \_\_\_\_\_

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation? \_\_Yes \_\_No

Secretary/Treasurer: \_\_\_\_\_  
Home Address: \_\_\_\_\_

3. Company Structure:  
Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_  
Partnership \_\_\_\_\_ Other \_\_\_\_\_

4. Date business established: \_\_\_\_\_ Business license number: \_\_\_\_\_  
Is business name registered? \_\_Yes \_\_No

5. Present number of employees: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_



14. Occupancy Schedule:

I am interested in moving into the Technical Innovation Center (TIC) on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I understand that furniture or equipment that I plan to include in my office(s) will be prior-approved by the TIC Manager or designee.

15. A current business plan must be included with this application. (If you need assistance in preparing a business plan, the TIC manager (301) 790-2800 ext. 399, or the Small Business Development Center, located in the TIC, (301) 797-0327 can be of assistance.)

I understand that the TIC has my permission to extract statistical facts from this application on the basis that the privacy of the company is not violated.

I also understand that any false answers or statements or misleading omissions made by me on this application can be sufficient grounds for my rejection as a candidate for tenancy or for immediate termination of the lease agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return the application, business plan and \$25 non-refundable application fee to:

Chris Marschner  
Manager, Technical Innovation Center  
Hagerstown Community College  
11400 Robinwood Drive  
Hagerstown, MD 21742-6590

Submittal of this application does not imply nor in any way guarantee acceptance as an on-site business to the TIC.

Educational opportunities are offered by HCC without regard to race, color, age, national origin, religion, sex or handicap.