

**APPLICATION FOR SUITE** → Application date \_\_\_\_ | \_\_\_\_ | \_\_\_\_

**DESIRED** NEEDS

Occupancy date	
Lease term (one year, other)	
Building and suite number	

**LEASING** CONTACT

Company legal name	
Permanent address	
Leasing contact name ( <i>please print</i> )	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
Leasing contact email and phone	
Leasing contact fax number	
CEO/President name ( <i>please print</i> )	
CEO/President email and phone	

**ONSITE** INFORMATION FOR WEBSITE AND INTERNAL COMMUNICATIONS CONTACTS

<b>The shaded information will be visible to the public on the VTCRC website</b>	
Write 1-3 sentences to describe your company (Your 'About us')	<hr/> <hr/> <hr/> <hr/> <hr/>
Phone number	
Website	
Twitter	
LinkedIn	
Facebook	

**COMMUNICATIONS:** These contacts will automatically receive “The Weekly,” the research park’s internal e-newsletter each Monday, which includes park news, updates and happenings. Please encourage all employees to sign-up by emailing crmarketing@vtcr.com or forward “The Weekly” to all staff upon receipt.

<p><b>Onsite main contact:</b>          Name: _____          Email: _____          Phone: _____</p>	<p><b>Onsite emergency contact, if different than main contact:</b>          Name: _____          Email: _____          Phone: _____</p>
<p><b>Onsite office contact:</b>          Name: _____          Email: _____          Phone: _____</p>	<p><b>Onsite facilities contact:</b>          Name: _____          Email: _____          Phone: _____</p>
<p><b>Onsite human resources contact:</b>          Name: _____          Email: _____          Phone: _____</p>	<p><b>Onsite marketing and sales contact:</b>          Name: _____          Email: _____          Phone: _____</p>
<p><b>Onsite IT contact:</b>          Name: _____          Email: _____          Phone: _____</p>	

**COMPANY NEEDS**

<p>Print EXACTLY how you would like your company name to appear on outside and inside kiosk signage.</p> <p><i>If changes occur after signs are printed, and depending on the building location, the tenant will be charged accordingly:</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Desired number of key swipe cards: ____</p> <p>Key swipe card requests made within 90 days of lease application date are complimentary. <i>Tenant will be charged \$2 per swipe card for any requests made after this timeframe.</i></p> <p>Number of employees:</p> <p>___ Full time</p> <p>___ Part time</p>
---	---

## ABOUT YOUR BUSINESS AND DESCRIPTION

Check category: <ul style="list-style-type: none"> <li><input type="radio"/> Agriculture</li> <li><input type="radio"/> Biotechnology</li> <li><input type="radio"/> Computer Science</li> <li><input type="radio"/> Diagnostics</li> <li><input type="radio"/> Electronics</li> <li><input type="radio"/> Engineering and Design Automation</li> <li><input type="radio"/> Environmental</li> <li><input type="radio"/> Forestry</li> <li><input type="radio"/> Internet and/or Telecommunications</li> <li><input type="radio"/> Legal Assistance</li> <li><input type="radio"/> Library Science</li> <li><input type="radio"/> Materials and/or Chemistry</li> <li><input type="radio"/> Medical Products</li> <li><input type="radio"/> Tech Transfer and/or Assistance</li> <li><input type="radio"/> Transportation</li> <li><input type="radio"/> Other</li> </ul>	SBIR/STTR recipient, if yes: ___ Phase I number ___ Phase II number  SBA 8(a) small business: <input type="radio"/> Yes <input type="radio"/> No <i>(Minority owned)</i>  SBA HUBZone certified: <input type="radio"/> Yes <input type="radio"/> No  SBA certified SDB: <input type="radio"/> Yes <input type="radio"/> No  SBA self-certified SDB: <input type="radio"/> Yes <input type="radio"/> No  SBA small business: <input type="radio"/> Yes <input type="radio"/> No  SBA emerging SB: <input type="radio"/> Yes <input type="radio"/> No  SBA women-owned: <input type="radio"/> Yes <input type="radio"/> No	VT Intellectual Properties licensee: <input type="radio"/> Yes <input type="radio"/> No  VT KnowledgeWorks client: <input type="radio"/> Current <input type="radio"/> Past  Is owner a Virginia Tech alumnus/a? <input type="radio"/> Yes <input type="radio"/> No	
<b>TYPE OF BUSINESS</b>	<input type="radio"/> S-Corp <input type="radio"/> C-Corp	<input type="radio"/> LLC <input type="radio"/> Partnership	<input type="radio"/> Sole-Proprietorship <input type="radio"/> Other
<b>Check one:</b> ___ Private Business    ___ Virginia Tech Department    ___ Federal Agency    ___ State Agency			
State of incorporation:		Company incorporation date:	

***W9 required; submit with lease application***

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

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

Spouse's/partner's name: \_\_\_\_\_

Suite application approved by (please initial): \_\_\_\_\_