

HUBCAP Wallingford Incubator office Application

*Our spaces are designed for administrative usage only
We do not have incubator offices available for walk-in or retail type business.*

Anticipated occupancy:

Monthly dates: from: ___/___/___ to: ___/___/___

Weekly dates: from: ___/___/___ to: ___/___/___

Day/s _____ Hours: from _____ to _____

Company Name _____

Principal Name _____

Business/Home Address _____ City _____ St _____ Zip _____

Phone () _____ Cell () _____ Email _____

Please Choose One: Corporation, Partnership, Sole Proprietor, Other _____

of Employees _____ Years in business _____

Description Business or Activity to be held at HUBCAP:

Use revise side if you need more space

Please submit Resumes or Bio of Management Team

Business/Personal Reference:

Company Name _____ Contact Name _____

Address _____ City _____ St _____ Zip _____

Phone () _____ ext. _____

Company Name _____ Contact Name _____

Address _____ City _____ St _____ Zip _____

Phone () _____ ext. _____

Bank Reference:

Name of Bank _____ Contact Name _____

Address _____ City _____ St _____ Zip _____

Phone () _____ ext. _____

Incubator Office Space: \$ 375.00 a month. *(Weekly, Daily and Hourly rates availability)*

I confirm that all the information I have supplied is true and correct. I understand that I can be turned down if I have falsified any information on this application. I/We hereby authorize the verification of all above information by HUBCAP Wallingford including a credit report.

I have read, initialed and will comply with HUBCAP Guideline and Policy Governing Use of HUBCAP Facility.

This application does not constitute a contract, lease or agreement for space.

Signature: _____

By: _____ Date: _____

Photo ID Required

Forward ID and Completed Application to: _info@hubcapwallingford.org OR
128 Center St. Wallingford, CT 06492

For additional information please contact Director: info@hubcapwallingford.org