 **Office Space Application Form**

***Please select which size office you require:***

⬜ 11sqm ⬜ 15sqm ⬜ 20sqm ⬜ 30sqm

**Personal Details**

|  |  |  |
| --- | --- | --- |
| First Name:  |  | Last Name:  |
| Address:  |
| Mobile:  |  | Email:  |

**Business Details**

|  |
| --- |
| Business Name:  |
| Product/Service offered:  |
| Is the Business Name registered? ⬜ Yes ⬜ No  |  | If yes, date of registration:  |
|  |
| Business Structure: ⬜ Sole Trader ⬜ Partnership ⬜ Pty Ltd ⬜ Other: Australian  |
| If more than one owner, please list names:  |
| Is this a new business enterprise? ⬜ Yes ⬜X No If no, how long have you been trading? \_\_\_\_\_\_ months \_\_\_\_\_\_ years  |
| How many staff members do you currently have? (include yourself) \_\_\_\_\_ \_\_\_\_\_  |
| Do you require any licenses or permits to operate your business? ⬜ Yes ⬜ No If yes, what are they?  |
| Is your business involved in any legal proceedings or aware of any legal proceedings which may impact on the business? If so, please provide details.  |

**Background & Experience**

Is this your first business? ⬜ Yes ⬜ No

If yes, please detail:

Do you have any formal qualifications? ⬜ Yes ⬜ No

|  |  |
| --- | --- |
| **Equipment & Materials** What are your essential tools of trade?  |  |
| Do you propose to store these ⬜ Yes ⬜ No Items at the Centre?  |  | Are any of these considered Hazardous?  |  ⬜ Yes ⬜ No  |

**Finance**

(A satisfactory credit reference may be a condition of approval)

Have any of the individual parties to this application been bankrupt or

⬜

 Yes

⬜

 No

associated with a legal entity put under administration, receivership or liquidation?

If yes, please provide detail:

What is the biggest challenge you are currently facing in your business?

# References

Please provide names, firms and contact details of persons who may be directly contacted for references.

|  |  |  |
| --- | --- | --- |
| 1. Name:  |  | Mobile:  |
|  |  | Relationship:  |
| 2. Name:  |  | Mobile:  |
| Business:  |  | Relationship:  |

 **Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed:  |  |  | Date:  |  |
| Print Name:  |  |  |  |

The above information is true and correct.

## Checklist

 ⬜ Business Registration Please submit your Application Form and

 ⬜ 6-month Profit & Loss supporting documents to

 ⬜ Current Balance Sheet **admin@stirlingbusiness.asn.au**

 ⬜ 12-month Cashflow

 ⬜ Public Liability Insurance

 ⬜Application Form

⬜Audited Financial Statement