 **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