
Momentum Application Form

Momentum (co-working)

Momentum Pro

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: _____

ABN: _____

Business Structure: Sole Trader Partnership Pty Ltd Other: _____

If more than one owner, please list names: _____

Is this a new business enterprise? Yes No

If no, how long have you been trading? _____ months _____ years

How many staff members do you currently have? (include yourself) _____ F/T _____ P/T

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

Do you have any formal qualifications? Yes No

If yes, please detail: _____

Equipment & Materials

What are your essential tools of trade?

Do you propose to store these Items at the incubator? Yes No

Are any of these considered Hazardous? Yes No

Finance

Have any of the individual parties to this application been bankrupt or associated with a legal entity put under administration, receivership or liquidation? Yes No
If yes, please provide detail:

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

Momentum

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: _____

Business: _____

Relationship: _____

2. Name: _____

Mobile: _____

Business: _____

Relationship: _____

Declaration.

The above information is true and correct.

Signed: _____

Date: _____

Print Name: _____

Checklist

- Business Registration
- 6 month Profit & Loss
- Current Balance Sheet
- 12 month Cashflow
- Public Liability Insurance
- Application Form

Please submit your application form and supporting documents to
info@stirlingbusinesscentre.com.au