



Tenant Application Form – Page 1

Applicant Information			
Company Name:	Date:	Phone:	
Primary Contact Person:	Fax:	Email:	
Company Address:			
Fax:			
City:	State:	ZIP Code:	
Incorporated in:	State:	Year:	
Legal structure of business:			
State:			
Year:			
Additional Contact Information			
Agent for service of process:			
Address:			
Parent Company Name:			
Address:			
Current/Future affiliation with Cornell:			
Person Authorized to Negotiate/Contract on behalf of the Company			
Name:			
Telephone:			
Email:			
Title:			
Principals			
How long?			
Principal 1 Name:		Title:	
Title:			
Address:	City:	State:	Zip Code:
City:			
Ownership share:			
Experience/education in business and/or research:			
Principal 2 Name:		Title:	
How long?			
Address:	City:	State:	Zip Code:
Ownership share:			
Experience/education in business and/or research:			
Principal 3 Name:		Title:	
Address:		City:	State:
Ownership share:			Zip Code:
Experience/education in business and/or research:			
Have any principals filed for bankruptcy, whether personally or as a business? If yes, identify name of principal, year of filing, court where filed, and case number:			Year Filed:

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Company Operations

Brief description of product/business:

Brief description of the nature of research and business activity to be conducted on the premises:

Employee and Resource Information:

Number of current full-time employees:

Part-time employees:

Number of science/research employees:

Number of technicians/support/other staff:

Desired date of occupancy (mm/dd/yy)

Desired net rentable square footage:

Wet lab:

Dry Lab:

Pilot Production:

Office/Other:

If "Other" please describe:

Projected number of employees at premises:

Science/Research personnel:

Technical/Support/Other:

Facility Requirements

How long?

Desired/ Required facility requirements (for incubator applicants, indicate "D" or "R"):

Air	Vacuum	Hoods	Gases	Benches	Cold room	Warm room
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Haz/Rad Materials	Clean Room	Other (specify)
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Anticipated weekly truck servicing requirements:

How long?

Have any OSHA or EPA warnings, citations or fines been issued/received in the past three years by the company or any parent/affiliates?

Yes: (If yes, attach a copy) No:

Does/will the company handle/utilize any regulated or reportable hazardous materials, waste or related substances?

Yes: No: If yes, please describe substances and procedures for handling/disposal:

State:

ZIP Code:

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Financial		
Capitalization: \$		
Prior & Current Year Operating Budget total:	\$	\$
Prior year sales revenues:		
Prior year non-sales revenues (identify source(s)):		
Has this company or any parent/affiliate ever filed for bankruptcy?	Yes:	No:
If pending, state case title, year of initial filing, court where pending, and case number:		
If threatened, identify the person(s) involved and the nature of the dispute:		
Does any customer comprise 10% or more of the company's total annual revenues?	Yes:	No:
If yes, identify each such customer(s) and percentage of annual revenue associated with each such customer:		
Are any of these customers currently in bankruptcy and/or more than 60 days past due on any invoice amounts over \$1000?		
Yes:	No:	If yes, identify each such customer, and, as applicable, court where bankruptcy is pending and/or amount or arrearage
Arrearage:		
Is the company currently in default on any loan covenants or other financial obligations?	Yes:	No:
If yes, identify name of creditor, amount of debt, and nature of default:		
Is the company currently past due on payroll, payroll tax, income or property tax, or utility obligations?	Yes:	No:
If yes, identify the type of obligation and the amount past due:		

Return Complete Form to:

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