## **BioBAT Brooklyn Application**

Business Name:		Application Date:	
SECTION I: CONTAC	CT INFORMATION		
Contact Person r. Mr. Ms. Fi	rst Name	Last Name	
r Mr Ms F1	Fax #:	Email:	
none #;	Fax #:	Eman:	
SECTION II: BUSINE	SS INFORMATION		
urrent Business Address:			
Number and Street			
City, State and Zip Code			
Phone #	Fax #	Email	
Principal #1:			
r			
First Name	Last Name		
Iwnership (%)	Phone #	Email	
Principal #2:			
r.			
First Name	Last Name	Title	
wnership (%)	Phone #	Email	
Principal #3:			
r.			
	Last Name	Tal.	
First Name	Last Name	Title	
Dwnership (%)		 Email	
mersing (78)			
	Piease attach separate sne	et(s) for any additional Principals.	
Other Person(s) Authorized	to Negotiate/Contract on be	half of Business:	
r.			
First Name	Last Name		
		****	
Phone #	<u>Email</u>		

First Name		Last Name	Title	
hone #		Email		
	Please atta	ach separate sheet(s) for any add	itional authori	ized persons.
Describe Company's Obje	ctive and Pro	oducts/Services:		
Do the Business or its Brin	oinala Uava	Any Current/Drier Deletionship u	rith DioDAT 1	NVCEDC CHNV CHNV DE or CH
Downstate, or its personne			iui biobai, i	NYCEDC, SUNY, SUNY RF or SU
If yes, please describe:				
Business Operations begar	n/will begin i	in (month/year): In	ncorporated in:	: State Year
Capitalization \$	FY 20	Operating Budget: \$	FY 20 S	Sales Revenues: \$ FY 20
	Full lin	ne Part Time	Research	n/Science Tech/Other
Number of Employees				
		NITC		
		ENTS		
SECTION III: REQ	UIREME		rs	sq. ft. Totalsq. ft.
SECTION III: REQ	UIREME red: Wet La	b sq. ft. Office/Othe		sq. ft. Total sq. ft.  Occupancy (approx.): yrs
SECTION III: REQ	UIREME red: Wet La	b sq. ft. Office/Othe		
SECTION III: REQ Approximate Space Required Start Date of Occ	OUIREME red: Wet La cupancy (app	b sq. ft. Office/Othe	Length of	Occupancy (approx.): yrs
SECTION III: REQ Approximate Space Required Start Date of Occurred	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Length of (	Occupancy (approx.): yrs
SECTION III: REQ Approximate Space Required Required Start Date of Occ Vacuum ume Hoods (1 per lab)	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Length of (	Occupancy (approx.): yrs
SECTION III: REQ Approximate Space Required Start Date of Occ Yacuum ume Hoods (1 per lab) Siosafety Hoods	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Preferred	Occupancy (approx.): yrs
SECTION III: REQ Approximate Space Required Start Date of Occ Vacuum ume Hoods (1 per lab) Giosafety Hoods Gias	PUIREME red: Wet La cupancy (app  Required	b sq. ft. Office/Othe	Preferred	Occupancy (approx.): yrs
SECTION III: REQ Approximate Space Required Start Date of Occ Vacuum ume Hoods (1 per lab) siosafety Hoods das denches	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Preferred	Occupancy (approx.): yrs
SECTION III: REQ Approximate Space Required Start Date of Occ acuum ume Hoods (1 per lab) siosafety Hoods as senches fazardous Materials	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Preferred	Occupancy (approx.): yrs
SECTION III: REQ	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Preferred	Occupancy (approx.): yrs
Approximate Space Required Start Date of Occaracuum ume Hoods (1 per lab) siosafety Hoods sias senches stazardous Materials A. Type B. Estimated Amounts	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Preferred	Occupancy (approx.): yrs
Approximate Space Required Start Date of Occurred Start Date of Occurred Wacuum  Fume Hoods (1 per lab)  Fiosafety Hoods  Fiasardous Materials  A. Type  B. Estimated Amounts  C. How will you handle	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe	Preferred	Occupancy (approx.):yrs  Number (if applicable)
Approximate Space Required Start Date of Occurred Start Date of Occurred Wacuum  Fume Hoods (1 per lab)  Fiosafety Hoods  Fiasardous Materials  A. Type  B. Estimated Amounts  C. How will you handle	PUIREME red: Wet La cupancy (app Required	sq. ft. Office/Othe prox.): Month Year  Number (if applicable)  PERMISSION REQUIRED	Preferred	Occupancy (approx.):yrs  Number (if applicable)  PERMISSION REQUIRED
Approximate Space Required Start Date of Occaractum  Fundament Hoods (1 per lab)  Siosafety Hoods  Bacardous Materials  A. Type  B. Estimated Amounts	PUIREME red: Wet La cupancy (app Required	b sq. ft. Office/Othe prox.): Month Year  Number (if applicable)	Preferred	Occupancy (approx.):yrs  Number (if applicable)

Please submit this completed application along with your Business Plan, which includes R&D Plans, audited financial statements, resumes of principals, and supporting documentation to:

Kathleen Otto Executive Director, BioBAT, Inc. Brooklyn Army Terminal, Building A 140 58th Street, Box 194 Brooklyn, NY 11220

Mobile Phone: 347-534-7759, Fax: 718-270-1878

Email: kotto@BioBAT.nyc