

# BioBAT Brooklyn Application

Business Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

## SECTION I: CONTACT INFORMATION

<b>Contact Person</b>				
Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First Name	Last Name
Phone #:		Fax #:		Email:

## SECTION II: BUSINESS INFORMATION

<b>Current Business Address:</b>		
_____		
<i>Number and Street</i>		
_____		
<i>City, State and Zip Code</i>		
_____	_____	_____
<i>Phone #</i>	<i>Fax #</i>	<i>Email</i>

### Principal #1:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

### Principal #2:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

### Principal #3:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

*Please attach separate sheet(s) for any additional Principals.*

### Other Person(s) Authorized to Negotiate/Contract on behalf of Business:

Dr. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
_____	_____	_____	_____
<i>Phone #</i>	<i>Email</i>		

<b>Dr.</b>	<input type="checkbox"/>			
		<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
		<i>Phone #</i>	<i>Email</i>	

**Please attach separate sheet(s) for any additional authorized persons.**

Describe Company's Objective and Products/Services:

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Do the Business or its Principals Have Any Current/Prior Relationship with BioBAT, NYCEDC, SUNY, SUNY RF or SUNY Downstate, or its personnel?  Yes  No

If yes, please describe: \_\_\_\_\_

Business Operations began/will begin in (month/year): \_\_\_\_\_ Incorporated in: State \_\_\_\_\_ Year \_\_\_\_\_

Capitalization \$ \_\_\_\_\_ FY 20 \_\_\_\_ Operating Budget: \$ \_\_\_\_\_ FY 20 \_\_\_\_ Sales Revenues: \$ \_\_\_\_\_ FY 20 \_\_\_\_

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Research/Science \_\_\_\_\_ Tech/Other

### SECTION III: REQUIREMENTS

Approximate Space Required: Wet Lab \_\_\_\_\_ sq. ft. Office/Other \_\_\_\_\_ sq. ft. Total \_\_\_\_\_ sq. ft.

Required Start Date of Occupancy (approx.): Month \_\_\_\_\_ Year \_\_\_\_\_ Length of Occupancy (approx.): \_\_\_\_\_ yrs

	<b>Required</b>	<u>Number (if applicable)</u>	<b>Preferred</b>	<u>Number (if applicable)</u>
Vacuum	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Fume Hoods (1 per lab)	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Biosafety Hoods	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Benches	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Hazardous Materials	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
A. Type		_____		_____
B. Estimated Amounts		_____		_____
C. How will you handle		_____		_____
Radioactive Materials	<input type="checkbox"/>	<u>PERMISSION REQUIRED</u>	<input type="checkbox"/>	<u>PERMISSION REQUIRED</u>
Animal Facility	<input type="checkbox"/>	For: _____	<input type="checkbox"/>	For: _____

Other (specify): \_\_\_\_\_

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**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](mailto:kotto@BioBAT.nyc)**