

CO-WORKING SPACE APPLICATION



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Licensee's Name:				
Organization Name:				
☐ For Profit ☐ Non-Profit (Attach IRS determination letter) — Fed ID No.:				
Dates of Use:				
Address:				
City:		Sta	ate:	Zip:
Email:				
Web site:				
Social media:	Facebook	Twitter	Linke	din
Number of people from your company participating in the co-working space:				
Business purpose:				
Attach your company's executive summary to the application				
Complimentary amenities/services: 24/7 access Custodial services Secure parking Security Utilities Wifi		Co Eq Of	Optional amenities/services: Conference/meeting rooms Equipment technician Office supplies Video conferencing	
Questions? Contact Rosylyn Howard at (313) 833-0100 x100 or rosylyn@nextenergy.org				
For NextEnergy use only:				
Date Received: _		Reviewed by:		_ Approved: Yes / No

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