|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| aPPLICATION FOR Forman Business Incentive | | | | | | | | | | |
| Applicant Information | | | | | | | | | | |
| Name of Applicant: | | | | | | | | | | |
| Phone: | | | Cell: | | | E-mail: | | | | |
|  | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | |
| City: | | | | | | State: | | | ZIP Code: | |
| Business information | | | | | | | | | | |
| Name of Business | | | | | | | | | | |
| Location of Business | | | | | | | | | | |
| Is this a new or existing business: | | | | | | | | | | |
| Number of Jobs Created: | | | | | | Number of Jobs Retained: | | | | |
|  | | | | | |
| How will the project impact Forman’s Economic Growth or Increase the Tax Base: | | | | | | | | | | |
| Provide a summary of your business plan: New business: include: days/times or number of hours you plan to be open each week, marketing/promotional ideas for your business, resources/support you have received and resources/support you would like from the city  Existing business: include: current number of hours you are open a week, how this expansion/update will help make your business stronger  (Summary continued) | | | | | | | | | | |
|  | | | | | | | | | | |
| Funding information | | | | | | | | | | |
| Amount of funding request: | | | | | | | | | | |
| Have you investigated other funding alternatives: | | | | | | | | | Yes | No |
| If yes what other Sources: | | | | | | | | | | |
| Appropriation of funds: Check the categories that apply and enter amount of funds that will be used for that purpose | | | | | | | | | | |
|  | Inventory | | | | | | | | $ | |
|  | Updating/Renovating Property | | | | | | | | $ | |
|  | New Facility | | | | | | | | $ | |
|  | New Equipment | | | | | | | | $ | |
|  | Other: | | | | | | | | $ | |
| Post project review requested | | | | **Yes** | **No** | | Target Date |  | | |
| **Only projects that have not been completed will be accepted.** | | | | | | | | | | |
| **REQUESTED FUNDS MUST BE USED FOR THE ABOVE STATED PURPOSE; ANY DEVIATION FROM THIS MAY RESULT IN REQUEST FOR A RETURN OF FUNDS. PLEASE CONTACT THE CITY ABOUT ANY POSSIBLE CHANGES TO THE PLAN.** | | | | | | | | | | |
| Other information that may help the council act on your request: | | | | | | | | | | |
| **Applicants Signature Date** | | | | | | | | | | |
| **City USE ONLY** | | | | | | | | | | |
| REJECTED OR APPROVED | | Reason if rejected | | | | | | | | |