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| 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 |