



SMALL BUSINESS GRANT APPLICATION

Due Date: Must be received in the chamber office by 4pm on August 29th.

Personal Information:

Name _____

Home Address _____
Street City State Zip

Business Information:

Business Name _____

Address _____
Street City State Zip

Phone _____ Fax _____

Email _____ Website _____

Years Business Has Been Established _____

Years You Have Owned the Business _____

of Customers _____ # of Employees _____

Is Business a member of any local or state organizations such as the Chamber, etc...?
If so, please list and number of years they are a member.

Community Service Participation, awards, etc...

