

**MicroBusiness Center Application**

**Section One**

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| **Tell us about yourself**  **(Please print or type)** | Your Initials:  Date: |

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| Your Name  First | | | Middle | | | | Last | | | | | | | |
|  | | | | | | Date of Birth | | | |  | | | | |
| Home Address | Residence Location: Street/Road/Route, Cross Street, County | | | | | | | | | |  | | | |
|  | Mailing Address: Street, City/Town, State, Zip | | | | | | | | | |  | | | |
| Home Contact Numbers  Telephone | | Fax | | | | | | | Email | | | | | |
| Last grade completed in school or college | | | | | Highest degree obtained | | | | | | | College major | | |
| What are your current business goals? | | | |  | | | |  | | | | | | |
| How do you hope the MicroBusiness Center will help you achieve them? | | | | | | | | | | | | |  |  |

# ChooseColumbiaFinalLogo

# MicroBusiness Center Application

**Section Two**

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| **Tell us about your business**  **(Skip if you do not own a business)** | Your Initials:  Date: |

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| Name of Business | | | |  | | | | | | Years in Business | | | | |
| SIC Code  (If you know) | Business Activity | | | | | | What is your role in the business? | | | | | | | |
| Business Address | | Business Location: Street/Road/Route, Cross Street, County | | | | | | | | |  | | | |
|  | | Mailing Address: Street, City/Town, State, Zip | | | | | | | | |  | | | |
| Business Contact Numbers  Telephone | | | Fax | | | | | Email | | | | | | |
| Form of Business  (Eg. Sole Proprietorship, Partnership, Corporation., S-Corporation) | | | | | | | | | Date of Formation | | | | |  |
| If it is a corporation, what office(s) do you hold | | | | | | Is your business a member of the Columbia County Chamber of Commerce? | | | | | | | Yes / No  If yes, since when? \_\_\_\_\_\_\_\_\_\_ | |
| Current Number  of Employees  (including yourself)  Full Time Jobs | | | | | Part Time Jobs | | | | | | | Average Part Time Hours Per Week | | |
| Annual Sales  Last Fiscal Year | | | | | Current Fiscal Year (estimate) | | | | | | | Next Fiscal Year (projection) | | |
| Please describe your business | | | | |  | | | | | | |  | | |



**MicroBusiness Center Application**

**Section Three**

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| **Tell us about your new business idea**  **(Skip if you filled out Section Two)** | Your Initials:  Date: |

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| What business activity do you plan to engage in? | | | | | | | | | | |  |  | | | |
| Are you a resident of Columbia County? | | | | What role will you take in the new business? | | | | | | | | |  | | |
| What funds of your own do you have to invest? | | | | | | | | | |  | |  | | | |
| How much in additional funds will you require? | | | | | |  |  | | | | | | | | |
| Projected first  year employees  (including yourself)  Full Time Jobs | Part Time Jobs | | | | Estimated Part Time Hours Per Week | | | | | | | | | | |
| Projected annual  revenue  First Fiscal Year Gross Revenue | | Second Fiscal Year Gross Revenue | | | | | | Third Fiscal Year Gross Revenue | | | | | | | |
| Please describe your new business idea. | | |  | | | | | |  | | | | | | |
| Please describe the educational and work experience you have relevant to your business idea. | | | | | | | | | | | | | |  |  |
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**MicroBusiness Center Application**

**Section Four**

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| **MicroBusiness Program income eligibility information** | Your Initials:  Date: |

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| **Step 1** | Determine your family size by counting yourself and all members of your family who currently reside with you within the same housing unit. A family member is a person who is related to you by birth, marriage or adoption. Circle the appropriate family size below. |
| **Step 2** | Total the income from all sources received during previous year by yourself and each member of your family who currently resides with you. Compare this total to the figure listed for the circled family size. |
| **Step 3** | If your family income is equal to or less than the figure you compared in Step 2, circle YES on the line with your family size. If your family income is more than the figure you compared, circle NO. |

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| **Family Size** | **Corresponding Income** | **Equal or Less Than?** |
| One | $44,200 | YES / NO |
| Two | $50,500 | YES / NO |
| Three | $56,800 | YES / NO |
| Four | $63,100 | YES / NO |
| Five | $65,150 | YES / NO |
| Six | $73,200 | YES / NO |
| Seven | $78,250 | YES / NO |
| Eight | $83,300 | YES / NO |

Source: U.S. Department of HUD (FY 2019 Income Limits)

**Required census of applicants information**

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| --- | --- | --- |
| **Sex (circle one )** | Female | Male |

|  |  |  |  |  |  |  |  |  |
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| **Ethnic Origin** | | **(circle one box)** | |  | |  | |  |
| White | Black | | Asian or Pacific Islander | | American Indian. Aleut or Eskimo | | Other (please specify) | | |

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| **Hispanic origin? (circle one )** | Yes | No |

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| **Are you a veteran of the US Military Service? (circle one)** | Yes | No |

**Updated 7/01/19**