

APPLICANT INFORMATION SHEET

NAME OF APPLICANT _____
TAX I.D. NUMBER

CURRENT ADDRESS _____
TELEPHONE NUMBER

PROJECT ADDRESS (If other than current address)

JOB IMPACT OF PROJECT: _____ + _____ + _____
Current Full-time Employment Projected New Hire Total

TARGETED STARTING DATE OF PROJECT: _____ **TARGETED COMPLETION DATE:** _____

TYPE OF ENTITY: Sole Proprietorship Partnership Corporation

TYPE OF BUSINESS: _____

BRIEF HISTORY OF BUSINESS:

| PRINCIPALS | TITLES | SOCIAL SECURITY NO. | % OF OWNERSHIP |
|------------|--------|---------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

ACCOUNTANT: _____ **FISCAL YEAR END:** _____

LEGAL COUNSEL: _____