



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: _____