

## **GRANT COUNTY CHAMBER OF COMMERCE** 1350 N. Main, Williamstown, Ky. 41097

Mailing address: P.O. Box 365, Williamstown, Ky. 41097 859-824-3322 859-824-7082 (Fax)

## **SMALL BUSINESS GRANT APPLICATION**

Name:	Tit	:le:
Business Name:		
Business Address:		
Phone #:	Email:	
Year Founded:	Current operating	g budget:
Number of Employees: Full time		
Brief description of business (includir and/or services:	•	• • •
Describe what you will use the grant f		
What unique things would set you apa		
What are the major financial needs fo   Operating capital   Building/lease   Licenses/permits   Technology (computers/softward)	_ Wages _ Training _ Inventory	Equipment/supplies Construction/renovation Marketing/advertising Other

Anticipated cost of project grant will be used for: \$\_\_\_\_\_

Length of chamber membership:		
Is the business owned by a: Minority	Female	Veteran
Has the business or owners declared bankruptcy in the las	st 10 years: Yes _	No
What/how does your business contribute to Grant County	<i>у</i> :	
Why did you start your business:		
How will these funds impact your business:		
REMINDER: PLEASE ATTACH A COPY OF A CURREN WITH YOUR APPLICATION	NT/RECENT DUKE E	ENERGY BILL
APPLICANT: I,		
(Name - type or print)	(Title)	
(Business name) understand and agree to comply with the conditions set fo of Commerce should the grant request be approved.	orth by the Grant Cour	nty Chamber
(signature of applicant)	(date)	