Mapleton Chamber of Commerce Application for Financial Assistance

Name			
Address			·····
Phone:	Home	Work	Cell
Date	e-Mail Addres	SS	
Name of Business	5		
Business Address			
Legal Structure of Franchise(orship Partnership	Corporation
Proposed Start-Up	p Date		
Describe the prod	lucts and/or services yo	ur business will provide.	
•			
		· · · · · · · · · · · · · · · · · · ·	•
•	be marketing your prod	ducts and/or services?	
How much money	y will you need to start u	up your business? (Itemize ma	jor expenses)
-			

low many employees do you anticipate hiring initially?	
Vhat will be the average estimated hourly wage rate for these workers?	
o you anticipate hiring more workers in the future? Please explain.	
hy will your new business be a success? What makes your business different?	
hat challenges could cause your new business to fail?	· ·
ow will your business benefit Mapleton and the surrounding area?	
	· · · · · · · · · · · · · · · · · · ·
hat education, work experience and life experience do you bring to this new ve	nture?
	
certify that the application questions have been truthfully and honestly answere	—- d:
(Signed) Date	