

Microenterprise Program Application

Applicant Information

Full Name: _____ Date: _____
LastFirstM.I.

Address: _____
Street AddressApartment/Unit #

CityStateZIP Code

Phone: _____ Email: _____

Business Information (if existing)

Address: _____
Street AddressApartment/Unit #

CityStateZIP Code

Phone: _____ Website: _____

Status of Business

Start-up Date:	DBA:
Projected Start Date:	LLC:
Future Purchase Date:	EIN:
	DUNS:

Does your business have a (Select all that apply):

- Lawyer
 Bookkeeper
 Bank
 Accountant
 Mentor
 Insurance Agent

Type of Business

- Food & Beverage Est/Provider
 Retail
 Hospitality
 Entertainment/Rec
 Wholesale
 Business Services
 Consumer Services
 Personal Care Services
 Consulting
 Manufacturing
 Construction
 Transportation
 Other

Are you expanding or relocating your business? _____ Yes _____ No

Do you plan to rehabilitate a business façade or storefront? _____ Yes (how many? _____) _____ No

Service Area (Please select all that apply): City of Auburn Cayuga County New York State Beyond New York

