

## The Edge Connection Application Part 2 (For Business Owners)

What is the name of your business?

My contact information is the same for my business as my home contact information.

If contact information is different for your business, please provide the following information:

Email	<input style="width: 100%; height: 25px;" type="text"/>	Phone Numbers	
		Office	<input style="width: 100%; height: 25px;" type="text"/>
Address	<input style="width: 100%; height: 25px;" type="text"/>	Mobile	<input style="width: 100%; height: 25px;" type="text"/>
Street	<input style="width: 100%; height: 25px;" type="text"/>	Fax	<input style="width: 100%; height: 25px;" type="text"/>
City	<input style="width: 100%; height: 25px;" type="text"/>	State	<input style="width: 100%; height: 25px;" type="text"/>
		Zip	<input style="width: 100%; height: 25px;" type="text"/>

<p>Type of Business (choose primary category)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Professional, Scientific &amp; Technical Services</li> <li><input type="checkbox"/> Mining</li> <li><input type="checkbox"/> Manufacturing</li> <li><input type="checkbox"/> Real Estate &amp; Rental &amp; Leasing</li> <li><input type="checkbox"/> Management of Companies &amp; Enterprises</li> <li><input type="checkbox"/> Utilities</li> <li><input type="checkbox"/> Finance &amp; Insurance</li> <li><input type="checkbox"/> Health Care &amp; Social Assistance</li> <li><input type="checkbox"/> Agriculture, Forestry, Fishing &amp; Hunting</li> <li><input type="checkbox"/> Information</li> <li><input type="checkbox"/> Wholesale Trade</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Accommodation &amp; Food Services</li> <li><input type="checkbox"/> Administrative &amp; Support</li> <li><input type="checkbox"/> Construction</li> <li><input type="checkbox"/> Public Administration</li> <li><input type="checkbox"/> Arts, Entertainment &amp; Recreation</li> <li><input type="checkbox"/> Waste Management &amp; Remediation Services</li> <li><input type="checkbox"/> Retail Trade</li> <li><input type="checkbox"/> Educational Services</li> <li><input type="checkbox"/> Transportation &amp; Warehousing</li> <li><input type="checkbox"/> Other Services (Except Public Administration)</li> </ul>	
<p>Total No. of Employees (full &amp; part time)</p>	<p>For your most recent full business year, what were your:</p> <p>Gross Revenues/Sales \$ _____</p> <p>+Profits/-Losses \$ _____</p>	<p>What is the legal entity of your business?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sole Proprietorship</li> <li><input type="checkbox"/> S-Corporation</li> <li><input type="checkbox"/> LLC</li> <li><input type="checkbox"/> C-Corporation</li> <li><input type="checkbox"/> Partnership</li> <li><input type="checkbox"/> Other (specify) _____</li> </ul>

Please describe your business along with the services and/or products you offer. If business sells wholesale please note.

Business start date

/	/	
month	day	year

Is your business a home based business?

- Yes
- No

Did you receive a loan to launch your business?

- Yes
- No

Amount of loan

Do you conduct business online?

- Yes
- No

Did you receive a grant to launch your business?

- Yes
- No

Amount of grant

How many full time jobs are provided by your business? (Include yourself).

How many part time jobs are provided by your business? (Include yourself).

What are your total business sales to date?

Do you hire temporary employees?

- Yes
- No

What is your annual draw or salary from your business?

Is your business seasonal?

- Yes
- No

Is your business a minority owned business?

- No
- 1-49%
- 50%
- 51-99%
- 100%

Is your business located in an Enterprise Zone?

- Yes
- No
- Unknown

Is your business a female owned business?

- No
- 1-49%
- 50%
- 51-99%
- 100%

Is your business located in an Empowerment Zone?

- Yes
- No
- Unknown

Is your business a certified woman owned business?

- Yes
- No

DUNS # \_\_\_\_\_

Please list any other certifications. \_\_\_\_\_

I, the undersigned, hereby certify that the information I have provided on all pages of this application is complete and accurate to the best of my ability. I understand that providing false or incomplete information in this application may be fraudulent and would be a reason for denying participation in The Edge Connection's programs. It is further understood and agreed that I give The Edge Connection permission to release confidential information to funding sources and community partners. I also understand The Edge Connection is required by funding sources to track the progress of businesses serviced by its training programs by obtaining follow-up information from me for up to 3 years.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date