

CITY OF HICKORY MICROENTERPRISE GRANT APPLICATION

Applications should be submitted to the Department of Planning and Development. For more information, please contact David Leonetti at (828) 323-7422.

APPLICANT INFORMATION

Business Name: _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ E-Mail: _____

Business Project Manager Name and Title (if different than above.): _____

Project Manager Organization Name: _____

Date Business Established: _____ Tax ID or Social Security Number: _____

PROJECT INFORMATION

Amount Requested: \$ _____ Project Title: _____

Address of Building: _____ Zoning of the Parcel: _____

Proposed Use: _____

INCOME INFORMATION

Total Household Income of Business Owner: \$ _____ Number of Persons in Household: _____

- | | <u>Name</u> | <u>Date of Birth</u> |
|----|----------------------------------|----------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | (Add additional lines as needed) | |

PROPOSED FINANCING SOURCES FOR PROJECT:

| | | |
|------------------|-----------------|------------------|
| BANK LOAN | AMOUNT \$ _____ | % OF TOTAL _____ |
| GRANT | AMOUNT \$ _____ | % OF TOTAL _____ |
| APPLICANT/EQUITY | AMOUNT \$ _____ | % OF TOTAL _____ |
| OTHER | AMOUNT \$ _____ | % OF TOTAL _____ |
| TOTAL | AMOUNT \$ _____ | % OF TOTAL 100.0 |

Applicant's Certification:

I/We certify that all information in this application and all information furnished in support of this application are true and complete to the best of my/our knowledge and belief. Verification can be obtained from any source named, and I/we agree to submit to personal and business credit checks.

Signature

Date

Signature

Date

Signature

Date