

Reedsburg CDA Business Incubator Program

APPLICANT FULL NAME: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business EIN: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Rent or Mortgage per month \$ \_\_\_\_\_ Requested amount per month \$ \_\_\_\_\_

Building space square footage \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business:  For Profit  Non-Profit

Do you own more than 51% of the listed business?  Yes  No

Is your business registered with the IRS, WI DFI, WI DOR, and/or WI DWD? (explain): \_\_\_\_\_

\_\_\_\_\_

Are you currently in bankruptcy? \_\_\_\_\_

Are you current with property taxes & fees or do you have a payment plan in place? \_\_\_\_\_

\_\_\_\_\_

Are you currently receiving City funding from any source (CDBG, CDA, etc.) \_\_\_\_\_

\_\_\_\_\_

Describe the business use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Expenses or include attachment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe expected Revenues or include attachment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures:**

As the applicant, I certify that the information submitted in this application is true and correct to the best of my knowledge.

I further understand that any false statements may result in denial or revocation of the application and subsequent funding.

I also certify that I have read and understand the Guidelines of the INCUBATOR PLAN.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Return To:

City of Reedsburg  
134 S. Locust Street  
Reedsburg, WI 53959  
[bduvalle@reedsburgwi.gov](mailto:bduvalle@reedsburgwi.gov)