

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? _____ Do you have any prior felony convictions? _____

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

THE APPLICANT MUST ATTEND THE CDA MEETING