

BUSINESS INFORMATION

1. Applicant Name _____
 Doing Business As _____
 Business Location _____
 City _____ PA Zip _____
 Business Telephone: _____ Email: _____
 Type of Business _____ Website: _____

2. Business Owner(s):
 Name, include middle initial _____
 Address _____
 City _____ State _____ Zip _____
 SS# _____ - _____ = _____ Birth Date _____
 Phone _____ Email _____

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 Name, include middle initial _____
 Address _____
 City _____ State _____ Zip _____
 SS# _____ - _____ = _____ Birth Date _____
 Phone _____ Email _____

3. Describe Type of Business, include how these funds will be used

4. Business Status ___ New (under 12 months) ___ Existing (over 12 months)
5. Date business was established _____
6. Current Number of Employees – including owner(s)
 ___ Full Time ___ Part Time ___ Projected number of employees

GREENE COUNTY STRATEGIC IMPACT PROGRAM

7. Have you met all the legal requirements necessary to establish your business? Yes No Not Sure
8. Federal Tax ID Number _____ Do not have yet
9. Type of Business Organization:
- Partnership Sole Proprietorship Not Established
- S Corporation C Corporation Other
10. Is your business for-profit? Yes No
11. Have you completed a Business Plan? Yes No
- If you answered "Yes", please attach a copy of the Business Plan to this Application.
12. Please attach project description to include narrative, budget and goals.

NOTICE: This application and the information submitted therewith will become a "public record" of the Greene County Industrial Development Authority, subject to the Right-To-Know Law, 65 P.S. §67.01 et seq. If you submit any record with this application which contains a trade secret or confidential proprietary information, you should include with the application a written statement signed by an authorized representative so notifying the Authority.

CERTIFICATION: I hereby certify that the employment information provided is true and accurate to the best of my knowledge and belief. (TO BE SIGNED BY A COMPANY OFFICIAL)

Signed _____ Title _____

Company Name _____ Date _____