

# Dan River Business Development Center Application Form (SHRT)

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee Identification Number \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

Form of Business:  Sole Proprietorship  Partnership  Corporation  LLC

Type of Business:

Manufacturing  Production  Service

Distribution  Technology  R & D

Brief description of product or service \_\_\_\_\_  
\_\_\_\_\_

Is this business at least 51% minority owned?  Yes  No (Optional)

Is this business at least 51% woman owned?  Yes  No (Optional)

Is this business at least 51% veteran owned?  Yes  No (Optional)

(The above questions are optional. If you choose not to answer these questions, your refusal will have no effect whatsoever on Dan River Business Development Center's consideration (favorable or unfavorable) of your application. These two questions are offered since there are programs established by the Small Business Administration available to woman owned and/or minority owned businesses, with respect to which we may be able to provide additional information to a prospective tenant, as applicable. All four answer blocks of the above two questions will be blacked out on the copies of the application reviewed by the Tenant Selection Committee.)

Please provide the names of the following (only if you are currently using):

Name	Address	Phone
Attorney: _____	_____	_____
Accountant: _____	_____	_____
Banker(s): _____	_____	_____
_____	_____	_____

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

Title: \_\_\_\_\_