



PARTICIPANT APPLICATION

Please answer the following questions, to the best of your ability. If you require more room then please add more paper.

1. YOUR NAME: _____

2. YOUR BUSINESS NAME: _____

3. YOUR BUSINESS IDEA: _____

4. YOUR CONTACT INFORMATION (include address, home phone, cell phone, email address):

5. HOW MANY HOURS PER WEEK CAN YOU COMMIT TO AND EXPLAIN WHY:

6. HAVE YOU EVER RUN THIS BUSINESS IN A STOREFRONT BEFORE? IF SO, WHEN, WHERE, AND DESCRIBE ITS FUNCTION AND SUCCESS.

7. WHAT MAKES YOU THINK THAT THIS PROJECT/BUSINESS IDEA WILL BE UNIQUE AND INTERESTING ENOUGH TO BE PART OF THIS PROGRAM?

8. DO YOU HOPE THAT THIS BUSINESS WILL BECOME SUCCESSFUL AND VIABLE? WHEN DO YOU SEE THIS HAPPENING? DO YOU PLAN TO REMAIN IN THE DOWNTOWN CORE IF YOU DO?

9. ARE YOU WILLING TO MODIFY, DEVELOP OR SHAPE YOUR BUSINESS MODEL IN ORDER TO BE ELIGIBLE FOR THIS PROGRAM AND THE SPACE AVAILABLE? WHAT ARE YOU UNWILLING TO CHANGE?
