



MICRO GRANT INCENTIVE APPLICATION

APPLICANT NAME: _____

NAME OF BUSINESS: _____

ADDRESS: _____ PHONE: _____

TYPE OF BUSINESS: _____ DATE BUSINESS ESTABLISHED: _____

LEGAL STRUCTURE: _____

NUMBER OF EMPLOYEES:

Full Time:

Part-time:

Please provide the following information:

- Is your business located in a commercial storefront? _____
- Is your business now open to the public? _____
- Are you a franchise? _____
- Are you a "for profit" business? _____
- A completed W-9

Please attach a brief description of your marketing plan.

What are the anticipated costs to develop and implement? _____

What is the anticipated timeframe to implement the plan? _____

Applicant Certification: I acknowledge and agree to the accuracy of the information provided. The Ardmore Chamber of Commerce may use my participation in this program in promotional efforts.

Business Owner/Operator (Print)

Business Owner/Operator Signature

Date

Received in Chamber Office: _____ Initials: _____

Grant Request Amount: _____ Approved: _____

****Applications due to the Ardmore Chamber of Commerce by 5:00 CST, April 27, 2020****