



City of Zanesville

Microenterprise Business Development Program

Program Application / Data Entry Form

Part One: Intake Information

Name of Applicant: _____ SS #: _____

Co-Applicant: _____ SS #: _____

Address: _____ Phone: _____
Street City State Zip

Number in Family: _____ Monthly Household Income: \$ _____

Source of Income: _____

Nearest Relative: _____ Phone: _____

Personal References with phone numbers. Please list three.

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Are you over 60 days delinquent in child support? ___Yes ___No

Have you ever been convicted of a felony? If Yes, please explain.

Part Two: Business Overview

Business name: _____ Phone: _____

Business address: _____ County: _____

Description of business: _____

Business status: ___ Startup-New or under 12 months ___ Existing business – Over 12 months

Business structure: ___ Sole Proprietorship ___ Partnership ___ Limited liability C o.
___ Corporation ___ Corporation C

Business owned by : ___ Female ___ Male ___ Joint

Veteran Status: ___ Non-veteran ___ Vietnam-era veteran ___ Other veteran

Ethnic background: ___ Black / African American ___ Other multi-racial

___ American Indian / Alaska Native ___ American Indian / Alaska Native & White ___ Asian

___ Black / African American & White ___ White

___ American Indian / Alaska Native & Black / African American

Type of business: ___ Service ___ Retail ___ Wholesale ___ Other
___ Agriculture ___ Manufacturing ___ Green product / Service

Gross Annual Sales \$ _____ Number of employees _____

Where do you bank for your business? _____

Have you ever owned or been involved in a small business before? Explain.

Please send or drop off your application at: MCBI • 56th North Fifth Street • Zanesville, Ohio 43701