

Washington County Economic Partnership Assistance Request

Please Print Clearly and Legibly in English

Name _____

Address _____

Telephone _____ E-Mail _____

Are you a US citizen? Y /N (circle one) Are you a Washington County Resident? Y /N (circle one)

Name of Business _____

Website / Facebook page _____

Brief Description of Business _____

Are you currently in Business? Y / N (circle one) Starting a new Business Y / N (circle one)

How long have you been in business? _____

Is the business currently your primary source of income? Y / N or will be ? (circle one)

What are your Brick and Mortar requirements? Briefly explain _____

Are you anticipating building new? OR using an existing structure? _____

Estimated annual gross revenues _____

How many full-time employees do you anticipate hiring? _____ Estimated Wage _____

Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Y / N (circle one)

Do you have any outstanding tax liability with Washington County, The Kansas Department of Revenue or the IRS? Y / N (circle one)

Have you, or any business entity owned by you, previously filed bankruptcy?..... If "Yes", in what year? _____

How can we help? _____

This application is confidential and will only be viewed by WCEP board members. The board after reviewing this application will set up a meeting with the applicant to discuss the next step.

IF the applicant needs more space to answer a question please add additional pages.

If the applicant has a Business plan that should be submitted along with this application.

Please remit application and other pertinent information to contact@wacoeco.org or mail hard copy to 201 C. St., Washington, KS 66968.

Signature of Applicant

Date

For WCEP use

date and time applicant received,

Action Suggested _____
