



# NEW BUSINESS GRANT PROGRAM

## NEW BUSINESS GRANT PROGRAM APPLICATION

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Opening Date: *Projected* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_ Fort Scott, KS 66701

Please describe your new business and how well it will contribute to the economic development of the Fort Scott Downtown Historic District. Be Specific. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Within the 1 <sup>st</sup> year of being open	Within the 5 <sup>th</sup> year of being open
Estimated number of employees:		
Customer/sales projection, if applicable		

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