

GLENN COUNTY
GLENN GROWS BUSINESS INCUBATOR
APPLICATION FOR ASSISTANCE/RESIDENCY



| | | | | |
|---|--|----------------|-----------------|--------------------|
| Last Name | | First Name | | MI |
| | | | | |
| Home Address | | City | State | Zip |
| | | | | |
| Home Phone | | | Cell Phone | |
| | | | | |
| Business Name | | Business Phone | | Business Fax |
| | | | | |
| Business Address | | City | State | Zip |
| | | | | In Business since? |
| | | | | |
| E-mail Address | | | Website Address | |
| | | | | |
| Business Partner Information (if applicable) | | | | |
| First Name: | | Last Name: | | |
| | | | | |
| Home Address: | | | | |
| | | | | |
| City: | | State: | Zip: | |
| | | | | |
| Home Phone: | | Cell Phone: | | |
| | | | | |
| Day/Work Phone: | | | | |
| | | | | |
| Fax #: | | | | |
| | | | | |
| E-mail: | | | | |
| | | | | |
| Web Site: | | | | |
| | | | | |
| Business Type (Please describe product or service.) | | | | |
| | | | | |

Business Needs – Let us know how we can best serve you.

I would like to apply for:

Residency

Occasional Use

Resource and Business Assistance

Do you have employees? Yes No

If yes, total number of employees in last 12 months: Full-Time: _____ Part-Time: _____ Seasonal/Temp: _____

The information collected in this application is used for evaluation purposes so that we may provide the best service possible. Businesses using the facility must provide a new, in-package data storage device and is responsible for care and maintenance of their own files. Some services may have a cost. There may be a charge for some of the assistance we connect you with, but we will look for the most appropriate resource that fits your operation and you will always have the last word.

Once submitted, this application is the sole property of the County and will become a public record subject to the California Public Records Act (CA Government Code §6250, et seq.). As such, this application and any other documents submitted with this application will be subject to disclosure if requested by a member of the public.

Signature:

Date:

Questions? Please call Jody Samons at (530) 934-1458

Funding provided by
County of Glenn, Slingshot Grant provided by SETA, AHEAD Grant provided by Federal Home Loan Bank

JULY 2018