



**STARTUP Downtown Franklin
2019 Application**

Contact Information

Name: _____

Home Address: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Phone Number: _____

Business Information

Proposed Business Name: _____

Type of Business: _____

Primary Owner(s) of Business: _____

Website (if available): _____

Social Media Page Names (if available): _____

Ideal Property Location/Information (i.e. sq. ft., number of floors, etc.): _____

Anticipated Capital Needed to Start Business: _____

Capital/Equity currently in place (if any): _____

Brief Description of Business (minimum 150 words): _____

Additional Business Questions

Is this an expansion and/or second location of an existing business? Yes No

If yes, provide address for other location(s):

Will you be able and willing to attend mandatory nightly classes, once a week, for a total of seven classes? The classes will begin in April and end in May. Yes No

Which category does your business best fit into (please select all that apply). If none, please select "Other" and explain.

- Alterations/Sewing
 - Apparel
 - Bakery
 - Coffee Shop
 - Convenience
 - Craft/Art
 - Entertainment
 - Fitness
 - Furniture
 - Gift Shop
 - Grocery
 - Healthcare
 - Home Accessories
 - Insurance
 - Jewelry
 - Kids/Children Store
 - Law
 - Lawn/Garden
 - Outdoor Equipment/Merchandise
 - Personal Care Services
 - Pet Store
 - Real Estate
 - Restaurant/Bistro/Pub/Bar
 - Specialty Food
 - Sporting Goods/Outdoor Recreation
 - Sweets/Desserts
 - Tourism
 - Other (Explain) _____
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Do you have access to a computer and internet in order to download certain assignments, watch instructional videos and communicate through email?

Are you currently employed? Full-Time Part-Time Retired Unemployed

If granted acceptance into the program and selected as a winner of prize money, will you be able to run a full-time business during regular business hours? Yes No

Explain: _____

Do you plan to run the business yourself or would you hire someone to run the day to day operations? _____

If granted acceptance into the program and selected as a winner of prize money, are you willing to open your business in Downtown Franklin no later than October 31, 2019? Yes No

How did you hear about this program? (Circle all that apply)

Radio Newspaper Facebook Flyer Email Friend/Family Website Eventbrite

Other: _____

Financial Info (All Information Will Remain Confidential)

What is your current personal credit score? _____

Are you willing to provide a copy of your credit report if asked? Yes No

Would you be willing to apply for traditional or nontraditional loans/microloans if additional monies are needed to start your business? Yes No

Explain: _____

Describe any assets you have that could help you acquire a loan. _____

General Program Questions

Describe any entrepreneurial experience you have had to date, including any experiences you have had working with or operating a small business. _____

How does your business fill a need in the local market and how is it different from similar businesses in the area? _____

How will participation in the program help you to launch your business? _____

What steps, if any, have you taken to develop/launch your business concept in the past?

How did you come up with this business idea? _____

Why should you be selected to participate in this program? (minimum 150 words) _____
