



Explore Downtown

PROSPECTIVE TENANT APPLICATION FOR DOWNTOWN STRONG START UP SPACE PROGRAM

Date: _____

OWNER INFORMATION

Business (Legal) Name: _____

Entity Type: Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____

Entity State / State of Incorporation _____

D/b/a Name: _____

Owner/President Name: _____

Business Address: _____

Mailing Address: _____

Contact Name: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

Fed I.D. #: _____ or SS#: _____

PROPOSED BUSINESS INFORMATION

Length of lease agreement desired: _____ Projected opening date: _____

Business description: *(Briefly describe the type of business you want to operate as well as the products and/or services you expect to sell. Please be specific.)*

Who is your customer? *(Please be specific)*

What is the average price of the products you want to sell? _____

What are your projected sales? Per month? _____ Per Year? _____

What are your social media platforms? _____

BUSINESS EXPERIENCE

Are you a graduate of the CO.STARTERS Program? Yes _____ No _____ Graduation Date _____

Have you ever **owned** a business? Yes _____ No _____

What was the name of the business? _____

Where was the business located? _____

Please describe the business: _____

Do you still own/operate this business? Yes _____ No _____

Have you ever **managed** a business? Yes _____ No _____

What was the name of the business? _____

Where was the business located? _____

Please describe the business: _____

Please describe your responsibilities as manager: _____

Do you still manage this business? Yes _____ No _____

REFERENCES

Name: _____

Name: _____

Title: _____

Title: _____

Business: _____

Business: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

REFERENCES (CONTINUED)

Name: _____	Name: _____
Title: _____	Title: _____
Business: _____	Business: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
_____	_____
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____

REQUIRED APPLICATION ATTACHMENTS

Is your business plan attached? Yes _____ No _____

Is your Johnson City business license or proof of business license application attached? Yes _____ No _____

If you need assistance with your business plan, please contact the:

Tennessee Small Business Development Center

2109 West Market Street
Johnson City, Tennessee 37604
United States (US)

Phone: (423) 439-8505

Website: <https://www.tsbdc.org/>

The Johnson City Business License Application can be found online at: <http://www.johnsoncitytn.org/permits/>

I hereby convey that everything listed within this application is true to the best of my knowledge. I hereby grant the Johnson City Development Authority (JCDA) the right to confirm the information by contacting all parties listed and utilize any and all types of confirmation services.

Print Name: _____

Signature: _____

Date: _____