



Small Business Grant Application

Sponsored by North Fork Chamber of Commerce

Business Name: _____

[DBA Name if applicable]: _____

Physical Address: _____

Mailing Address (if different): _____

Principal Owner: _____

Mobile Phone: _____

Business Phone: _____

Is your business seasonal or year-round? Seasonal _____ Year-round _____

How many employees? Full-time _____ Part-time: _____

Please describe your business/service: _____

What are the challenges facing your business that this grant may help alleviate?

If you are a recipient of the Small Business Grant, please indicate how it will be allocated for your business:

