

City of New Ulm
Economic Development Authority



Small Business Incentive Grant Program

APPLICATION



Date Submitted: _____

Business Opening Date: _____

Number of Employees (including owner): _____

Business Owner/Operator: (Please include names of all owners/partners of the business)

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Home address: _____

Description of type of business and products or services provided:

Does your business primarily serve New Ulm Residents?

___ Yes ___ No (If no, please list the cities served by your business)

How will these products/services be delivered to the customer? (i.e. retail from the business address, door-to-door delivery, mail):

Applicant Certification: I certify under penalty of perjury that all information provided herein is true and complete. I agree to provide documentation requested by the City for verification purposes.

Business Owner/Operator (Print or Type)

Business Owner/Operator Signature

Date: _____

Business Owner/Operator (Print or Type)

Business Owner/Operator Signature

Date: _____



City of New Ulm Economic Development Authority
Small Business Incentive Grant Program
APPLICATION

