



SMALL BUSINESS GRANT APPLICATION
PRESENTED BY THE LEGACY BUSINESS LEAGUE

Date of application: _____

Business name: _____ Address: _____ Phone: _____

Email: _____

Business owner name: _____ Website _____ Phone: _____

Email: _____

Applying as: Sole Proprietorship Partnership Corporation

Number of employees: _____ Fulltime _____ Parttime _____

EIN: _____

Year business was established: _____

Describe your business and the products and services your business provides: _____

Describe how will this grant benefit your business: _____

What other resources do you feel could assist your business (i.e. technical assistance, marketing, website design, financial consulting etc.): _____

Eligibility:

- Business is currently active and operating.
- Must demonstrate a clear need for the grant funding to address a specific challenge or opportunity within your business.
- Business must be in compliance with all federal, state, and local laws and regulations pertaining to licensing and permits.
- Business must be located within Harrison, Hancock, or Jackson counties.

Email application and any additional support information to legacybusinessleague@gmail.com