



# Business in a Box Application



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## PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

PHONE  
NUMBER:



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## BUSINESS INFORMATION

BUSINESS NAME:

BUSINESS  
ADDRESS:

CITY:

STATE:

ZIP CODE:

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DESCRIPTION OF  
BUSINESS:

TARGET MARKET:

OPEN DATE:

PHYSICAL  
BUILDING FOR  
BUSINESS:

ONLINE  
BUSINESS

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WHAT ALL WOULD  
YOU USE THE  
GRANT FUNDS  
FOR AND WHAT  
VENDORS WOULD  
BE USED?

Select all that apply:

Business Plan Help  
Entity Setup (LLC, etc.)  
General Marketing & Promotional Support  
Website Setup/Selling online  
Permitting Assistance  
Purchasing or Leasing Building Assistance  
Temporary Office Space  
Legal Advice  
Financial Planning Advice  
Financial Assistance  
Other

IS THERE  
ANYTHING ELSE  
YOU'D LIKE  
ASSISTANCE  
WITH?

Interested in an  
entrepreneurship  
course?

Interested in free  
business mentoring  
from SCORE?

Interested in free  
business consulting  
from SBA?

**Please submit your completed form to Grow Wabash County via email at [info@growwabashcounty.com](mailto:info@growwabashcounty.com) or mail to 214 S. Wabash St. Wabash, IN 46992**