

TOURISM ZONE APPLICATION

APPLICANT/COMPANY INFORMATION

Company Name: _____
Contact: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

PROJECT INFORMATION

- Description of business -submit a business plan or narrative that provides the following
 - Describe the business history including activities, products, services, etc.
 - Describe the operation and/or financial relationship with any parent or subsidiary, and describe any changes in ownership that may occur as a result of this project.
 - revenue projections for the term of the agreement
- Describe the project in detail and answer the following questions - attach additional sheets as needed
 - is this new facility/site, expansion, and/or acquisition
 - will the business purchase/lease/or construct the facility
 - give full description of facility and site as to square footage and acreage
 - type of operation and primary product or service provided
 - initial full-time and part-time employees and five year projection
- Project Location _____
Street Address or Tax Map Number _____
- Project Start Date _____

Applicants Signature: _____ Date: _____

Upon completion please return this form and any supplemental information to: