

LYONS ECONOMIC GARDENING GROUP APPLICATION FOR SERVICES

Please return to: LEGG Program
PO Box 21
Lyons, CO 80540

Business Name _____	Contact Name _____
Address _____	Title _____
_____	Business Phone _____
Business Web Address _____	Business Fax _____
Lyons Business License No. _____	E-Mail Address _____
Year Business Founded _____	

Type of Business:	Business Structure:	Majority Owner Information:
Retail _____ Manufacturing _____	C Corp. _____	Male _____ Female _____
Service _____ Construction _____	S Corp. _____	Disabled? Yes ___ No ___
Wholesale _____ Other _____	LLC _____	Veteran? Yes ___ No ___
NAICS code(s) (if known) _____	Partnership _____	Disabled Vet? Yes ___ No ___
	Sole Prop. _____	

Annual Sales \$ _____	Owner Operated? Yes ___ No ___
Is there a current Business Plan? Yes ___ No ___	Are you 8(a) qualified? Yes ___ No ___
No. of Employees _____ Home Based? Yes ___ No ___	Franchise? Yes ___ No ___
Spanish Language Preferred? Yes ___ No ___	

Describe the nature of your business:

Describe your business goals:

Describe current growth status of your business:

What would you like to gain from participating in the LEGG Program?

The Lyons Economic Gardening Group (LEGG) Program will treat all information received from applicants for assistance in a confidential manner. To the full extent allowed by law, we will not reveal any proprietary information to other businesses. We do reserve the right to create a summary list of the work we do for businesses to include in our regular reports to the Lyons Area Chamber of Commerce Board, as well as in a handout or database searches.

Date _____
Print Name/Title _____
Applicant Signature _____