

MICROBUSINESS CENTER APPLICATION

APPLICANT INFORMATION

FULL NAME	
ADDRESS	
PHONE & EMAIL	
LIBRARY CARD #	

BUSINESS/VENTURE INFORMATION

BUSINESS NAME:	
Please describe your venture in 5 sentences or less ex. ~For-Profit or Non-Profit ~ Industry ~Product or Service ~Development Stage	<hr/> <hr/> <hr/> <hr/> <hr/>
Do you have an online presence? If so, where? ~Website ~Other Social Media	<hr/> <hr/>
How would you benefit from this program?	<hr/> <hr/> <hr/>

DISCLAIMER AND SIGNATURE

By signing, I agree to abide by the policies and procedures of the Microbusiness Center and the Akron-Summit County Public Library.

Signature _____ Date _____