



Gentilly Small Business Growth Accelerator Weekend

“Financing Boot Camp” - August 22nd and 23rd, 2014

Business Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____

Business Name: _____

- 1. Business Revenue** – To qualify for this program your annual business revenues must be less than \$1 million. Are your annual business revenues less than \$1 million? ___ yes ___ no
- 2. For-Profit Organization** – To qualify for this program your business must be an organized for-profit. Is your business an organization for-profit? ___ yes ___ no
- 3. Business description and use of funds** - Briefly describe your business and how funding would positively impact your business.

Fax or email to application to: lpolson@lsbdc.org, 504-831-3735 fax

