



## BUSINESS OWNER INFORMATION

Name:

Address:

City:

State:

Zip Code:

Email Address:

Phone:

Current Employer:

Current Position:

Length of Employment:

Have you been or justice impacted?

If yes, please explain the circumstance:

Date of Birth:

Gender:

Marital Status:

Will you require funding to launch your business?

Race:

Are you a veteran?

Highest Level of Education Completed:

Please list your current assets (include physical assets, bank balances, and investment balances at the time of application):

Please tell us in your own words why you should be selected to receive free start up services from Year One Inc?

## BUSINESS INFORMATION

Business Name:

Please describe the nature of the business that you are looking to launch in the space provided below:

\_\_\_\_\_  
Signature (by signing, you attest that all information completed in this application is true and accurate)

\_\_\_\_\_  
Date

Please submit your completed application and a current resume to Rebekah Carroll at [rebekah@yearoneinc.org](mailto:rebekah@yearoneinc.org).