

Dubois County Chamber of Commerce

Quarterly Business Grant Application

All questions must be completed to apply

Name:	Chamber Member:	
Business Name:	YES	NO
Basinoss raino.		
Address:		
Email:		
Phone Number:		
What Year was your Business esta	blished?	
Please list any Community Based of business is affiliated with:	Organizatior	ns your
How many individuals does your org	ganization en	nploy?
Part-time Full-time		
Why did you choose Dubois Coun of your business?	ty to be the	home base

Please describe how you intend to use the grant funding if awarded, including specific projects, purchases, or initiatives it will support.

Eligibility of Applicants

The business entity's location must be based within the geographical limits of Dubois County.

- The business must have no more than 50 full-time employees.
- The business entity must be locally-owned and operated this includes franchised businesses.
- The business cannot be a subsidiary of a larger corporation.
- Publicly traded companies are not eligible.
- The business entity must disclose information on any pending litigation or legal actions.

The applicant business must be registered and in good standing with the Indiana Secretary of State as a Business Entity, or if a sole proprietorship have a certificate of assumed business name or doing-business- as (DBA) form record from the County Recorder.



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