

# EDC Small Business Incubator Program

## Registration Form

Please complete and email back to info@edgewaterdev.org or fax to 773-973-4024

APPLICANT INFORMATION			
Last Name:	First:	Middle:	Aldermanic Ward:
Date of Birth:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing address:			
P.O. Box:			
City:	State:	ZIP Code:	
Applicant County:			
Home phone:		Work phone:	
Mobile phone:		Go click	
Employer:			
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Race [check all that apply]			
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native American or Alaskan Native	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Other: _____			
How did you learn about EDCs Small Business Incubator Program? [check all that apply]		Copy of identification: Check one submitted	
<input type="checkbox"/> Walk in		<input type="checkbox"/> Drivers License	
<input type="checkbox"/> Radio		<input type="checkbox"/> State ID	
<input type="checkbox"/> TV		<input type="checkbox"/> Green Card	
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Visa	
<input type="checkbox"/> Internet website: _____			
<input type="checkbox"/> Chamber of Commerce: _____			
<input type="checkbox"/> University: _____			
<input type="checkbox"/> Other: _____			
EMERGENCY CONTACT INFORMATION			
Name of local friend or relative:			
Relationship to Applicant:			
Home #			
Work #			
Has your business been created? <input type="checkbox"/> Yes <input type="checkbox"/> No			

COMPANY INFORMATION		
Company name:		
Year started:		
Company website:		
Company address:		
City:	State:	Zip:
Phone:	Fax:	
How many employees: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10+ <input type="checkbox"/> N/A	Company legal structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit	Is the business in good standing with the city of Chicago? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <hr/>
Describe your business activities:		
Are you a member of your local chamber of commerce?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If not a member of your local chamber of commerce, would you be interested in learning about <i>specific</i> benefits of being a member?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a business checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, where do you do your banking?		
Do you have a business banker? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Applicant signature

Date

(X)

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