



**Legacy Small Business Program Application**

Name of Business:	
Age of Establishment (MM/YYYY):	
Business Email:	Business Telephone Number
Business Owner(s):	
Are you the original owner? Yes No	
Are you located in the original location? Yes No	
Are there multiple locations? Yes No (If yes, write the other addresses below.)	
Current Address:	Telephone Number:
Social Media:	
Facebook Name	
Twitter Handle	
Instagram Handle	
Applicant's Name:	Applicant's Telephone Number:
Applicant's Title:	Applicant's Email Address:

**Additional Questions:**

(Please answer and attach to above application for submission.)

- Provide a short history of the business from the day it opened in the city, feel free to include relevant dates such as opening.
- Describe the ownership history (if not the family-owned or original owner).
- Are there any special features of the location in which the business resides worth noting? Is this business associated with any historical features?
- Is the business associated with any significant events or people in the neighborhood it resides?
- How does this business demonstrate its commitment to the community?

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a member of the Mayor's Legacy Business Program, I understand that false or misleading information in my application may result in disqualification.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_