



Pacesetters Application

Name				
Company Name				
Address				
City/State/Zip				
Office Phone		Cell Phone	Other	
Email Address				
Business Start Year		Minority Business?		□Yes □ No
Annual Revenue:		Is this your full-time occupation?		□Yes □ No
Last Year	\$	If no, please note full-time occupation:		
This Year	\$			
Next Year Projection	\$	# of employees including you?		
Referred by:				
Please Attach:				
Company profile (no more than two pages)				
☐ Up to three years of financial information				
Up to three years of federal income tax returns				
Copy of current business plan, if available				
☐ Copies of sales/marketing materials, if any				
☐ Personal resume				

NOTE: All applicants must have a privileged business license before initial interview. Place this application and requested attachments in a sealed envelope marked "confidential", and submit to Tina Townes, Pacesetters Program Support at the address above.