



SMALL BUSINESS APPLICATION ECONOMIC DEVELOPMENT TASK FORCE

1. Name of Business: _____

a) Main Office:

Address: _____

Palm Bay Zip Code: _____

Telephone No. _____ Fax No.: _____

E-mail: _____

b) Branch Office: *(Do not complete if same as Main Office)*

Address: _____

City: _____ Zip Code: _____

Telephone No. _____ Fax No.: _____

E-mail: _____

2. Name of individual to represent your business on the Task Force: _____

Title: _____

Contact Address: _____

City: _____ Zip Code: _____

Telephone No. _____ Fax No: _____

E-mail: _____

3. What goods or services are provided by your business? _____

4. Do you have a current Palm Bay business tax receipt? Yes _____ No _____

5. How long has your business been in operation in Palm Bay (minimum of 2 years required)? _____

6. How long has your business been in Brevard County? _____

7. How many persons are employed at your business in Palm Bay (base on average for preceding 12 months)?

1-50

101-200

 401-500

51-75

201-300

76-100

301-400

8. Please indicate the size standard eligibility that applies to your business. One of the categories must apply to be eligible to make application as a small business.

A. Employees (average number of employees for the preceding 12 months):

- Manufacturing: Maximum number of employees do not exceed 500.
- Wholesaling: Maximum number of employees do not exceed 100.

OR

B. Sales volume (average over a 3 year period):

- Services: Annual receipts do not exceed \$2.5 million.
- Retailing: Annual receipts do not exceed \$5.0 million.
- General and Heavy Construction: Annual receipts do not exceed \$17 million.
- Special Trade Construction: Annual receipts do not exceed \$7 million.
- Agriculture: Annual receipts do not exceed \$9.0 million.

9. How would you define economic development?

10. What is your business's interest in economic development?

11. What is your business's experience in economic development? _____

12. What community activities do you and your business participate in?

13. Why would you like to serve as a member of the Task Force?

APPLICANT CERTIFICATION

By filing this application with the City of Palm Bay and placing my signature below, I do hereby acknowledge the following:

1. This Application, when completed and filed with the Office of the City Clerk, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and is open to public inspection.
2. I am responsible for keeping the information on this form current and that any changes or updates will be provided to the Office of the City Clerk.
3. If appointed to a board/committee, I acknowledge that it is my obligation and duty to comply with the following:

Code of Ethics for Public Officials (Florida Statutes, Chapter 112, Part III)
Florida Sunshine Law (Florida Statutes, Chapter 286)
4. I understand the responsibilities associated with being a board/committee member, and I will have adequate time to serve on this board/committee.

The information provided on this form is true and correct, and consent is hereby given the City Council or its designated representative to verify any and/or all information provided.

Signature: _____

Printed name and title: _____

Date: _____