



**Startup/Grow Martinsville-Henry County ,  
Virginia Program Application • Deadline: January 23,  
2018**

- 1. Name if Applicant: \_\_\_\_\_
- 2. Business Name: \_\_\_\_\_
- 3. Address: \_\_\_\_\_
- 4. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
- 5. Email: \_\_\_\_\_
- 6. Primary Owners of Business: \_\_\_\_\_
- 7. Website: \_\_\_\_\_
- 8. Type of Business: \_\_\_\_\_
- 9. Business Location: \_\_\_\_\_
- 10. Capital Needed to Start Business: \$ \_\_\_\_\_
- 11. Capital/Equity in Place: \$ \_\_\_\_\_
- 12. Brief Description of Business (note if you are an existing business interested in our Grow Martinsville-Henry County program: \_\_\_\_\_  
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By checking here, I have read details about Startup Martinsville–Henry County, Virginia, on C-PEG’s website and understand that I may/ may not be selected to participate in the program, which offers training, networking opportunities and potential monetary awards. If selected to participate in the program, I will attend scheduled trainings and events and participate as an engaged member of the group. If my business or business idea is selected as an award winner, once I establish an eligible business within the eligible region, I will use funds for the qualified business expenses.

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Business Owner Signature

**Return to:** C-PEG, P.O. Box 709, Martinsville, VA 24115 or [Lisa@mhcchamber.com](mailto:Lisa@mhcchamber.com)  
**Questions:** Call Lisa Fultz, 276.632-6401