## SERVICE APPLICATION

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Business Development
Application Form
BUSINESS
AFFAIRS DEPT

Office Use Only

ID No :

Date :

Business Affairs Dept. Notes

## **BUSINESS OR ORGANIZATION INFORMATION** First Name E-mail Date Of **Application** Company Name: Phone Fax City State **Business Owner Business In Operation?** COMPANY DEVELOPMENT QUESTIONS Length of time in business.? Year Established Business has a website, email and other community **Business Launch Date** If opened post pandemic reaching tools. Yes Marketing Disclaimer: SBDPFLORIDA Business Affairs Department may use your logo and company theme to promote your business start-up named above only. Any other marketing is prohibited without prior permission. Notes: **Business Services Approval:** Yes No If Yes, A representative from our Business affairs department will contact you for orientation scheduling. Notes: