

Blue Ridge Business Growth Award ~ 2017

Comp	oany Name:		
	ess:		
			Zip Code:
Repre	sentative:	Ti	itle:
1.	What is the primary business of your company?		
2.	What is the location of your company's headquarters:		
3.	Circle the following that best describes your company:		
	Sole Proprietor	LLC	Franchise
	Corporation	Partnership	Non-Profit
l .	When was your company found	ded?	
5.	How many people were employed part-time on January 1, 2017		
5.	How many people were employed full time on January 1, 2017		
7.	What is the expected employment growth for the 2017 Calendar Year?		
	Decrease	Increase 0-9%	Increase 10-19%
	Increase 20-29%	Increase 30-39%	% Increase 40+%
3.	How many Full Time Equivalents (FTE*) were employed on January 1 for each of the last three fiscal years:		
	2014: 2	2015:	2016:
9.	What is your Gross Revenue or Percentage Revenue Increase for the fiscal year ending on December for each of the following:		
	(In (000's)	(nearest 5%)
	Gross Revenue in 2014: Or Percentage Increase over 2013:		
	Gross Revenue in 2015: Or Percentage Increase over 2014:		
	Gross Revenue in 2016: Or Percentage Increase over 2015:		
10.	What is your Estimated Gross Revenue in 2017 or Percentage Growth over 2016?		
	Gross Revenue in 2017: Or Percentage Increase over 2016:		
	Estimated Estimated		
11.	Please provide one business reference such as accountant, banker, certified financial planner, attorney		
	etc.		
	Name:	Firm:	
	Phone:	Email	
2.	Please provide one business customer as a reference.		
	Name:		
	Phone:		
3.	Is there any pertinent information about your business that should be considered?		
4.	Application completed by:		
	Title:	Phone:	Email:
			Date:

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^{*} A full time employee is 1 FTE and a half time employee is ½ FTE