

# APPLICATION



Please submit this application form, the \$100 business training course fee, and the \$50 background & credit-check fee to:  
Ripon Main Street, Inc., P.O. Box 365, Ripon WI 54971

## BUSINESS CONTACT INFORMATION

Name of Business		Contact Person	
Address		<input type="checkbox"/> Sole proprietorship	
City, State, Zip		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Phone		<input type="checkbox"/> Other	

## BACKGROUND CREDIT INFORMATION

Federal Tax ID # (if applicable)		State Tax ID # (if applicable)	
Social Security #		Date Business Established (if applicable)	

## PRINCIPALS

Name		Percentage Owned	
Address		E-mail	
City, State ZIP Code		Other	
Name		Percentage Owned	
Address		E-mail	
City, State ZIP Code		Other	
Name		Percentage Owned	
Address		E-mail	
City, State ZIP Code		Other	

## INFORMATION

New Business	Expansion	Other	
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By submitting this application, you authorize Ripon Main Street, Inc. to conduct a credit background check.

## SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Questions -- Please contact the Ripon Main Street office at: [craig@riponmainst.com](mailto:craig@riponmainst.com) or 920-748-7466