



PO Box 75, Retsof, NY 14539 ~ Phone: 585-226-1623 Toll-Free: 888-379-0371  
 Email:kenglish@ruralinc.org

Last Name		First Name		MI
Business Name		Business Phone Number		Fax Number
Business Address		City	State	Zip Code
E-mail Address		Web Address		Is your business located within city limits?
Previous Business Address		City	State	Zip Code

**Business Partner Information**

Is this business a partnership? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>Partner Information</b>
Type of partnership: <input type="checkbox"/> Legal <input type="checkbox"/> Informal	First Name: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____ Day/Work Phone: _____ Fax Number: _____ E-mail Address: _____

**Business Features**

Is this a woman-owned business?	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Do you have any of the following? (please check all that apply)</b> <input type="checkbox"/> Business License <input type="checkbox"/> Sellers Permit/Resale Number <input type="checkbox"/> Registered DBA <input type="checkbox"/> Patent <input type="checkbox"/> Trademark <input type="checkbox"/> Copyright <input type="checkbox"/> Complete Business Plan
Is this a minority-owned business?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is this a veteran-owned business?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is this a home-based business?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Are you engaged in import/export trade?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is this business full-time or part-time?	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal	

<b>Business Form:</b>	<b>Business Sector :</b>
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Day Care/ Adult Care <input type="checkbox"/> Driver <input type="checkbox"/> Food Production <input type="checkbox"/> Restaurant/Caterers <input type="checkbox"/> Repair/Mechanic <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Music <input type="checkbox"/> Florist <input type="checkbox"/> Printing/Copying <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Photography/Video <input type="checkbox"/> Business Support Services <input type="checkbox"/> Office/Home Cleaning Services <input type="checkbox"/> Lawn/Landscaping Services <input type="checkbox"/> Clothing/Jewelry/Accessories <input type="checkbox"/> Cosmetics/Hair <input type="checkbox"/> Other Personal Services <input type="checkbox"/> Furniture/Household Items <input type="checkbox"/> Construction/Contractors <input type="checkbox"/> Other (specify) _____
	<b>Business Type:</b>
	<input type="checkbox"/> Personal Services <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Business-to-Business Services <input type="checkbox"/> Manufacturing <input type="checkbox"/> Multiple Types

**Finance Information**

Did you receive financing for your business?	<input type="checkbox"/> yes <input type="checkbox"/> no	Amount: \$ _____
source of financing:	<input type="checkbox"/> Family/Friend <input type="checkbox"/> Bank Loan	<input type="checkbox"/> Private Investor <input type="checkbox"/> Personal Savings <input type="checkbox"/> Government Loan <input type="checkbox"/> SBA Loan <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Trickle Up Grant <input type="checkbox"/> Individual Development Account
Last years gross sales: \$ _____	Does your business provide:	<input type="checkbox"/> Supplementary Income <input type="checkbox"/> Sole Source Income
Net profit/ loss: \$ _____	What is your income goal?	<input type="checkbox"/> Supplementary Income <input type="checkbox"/> Sole Source Income
In the last year, did your business provide for an owner's draw?	<input type="checkbox"/> yes <input type="checkbox"/> no	Owner's draw amount: \$ _____

**Employee Information**

Do you have employees?	<input type="checkbox"/> yes <input type="checkbox"/> no	Within the last two years, have any of the employees of your business received TANF?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, total number of employees in last 12 months:	_____	Within the last year, has your business hired anyone receiving TANF?	<input type="checkbox"/> yes <input type="checkbox"/> no
Full-Time:	_____	The information you provide is confidential and will not be released without your permission. Information is used for evaluation purposes and is required by our funders/ sponsors.	
Part-Time:	_____		
Seasonal/Temp:	_____		
No. Rec. Health Ben.:	_____		

Last Name		First Name		MI	DOB
					/ /
Mailing Address		City	State	Zip Code	Do you live within city limits?
					<input type="checkbox"/> yes <input type="checkbox"/> no
Home Address (Leave Blank if Same as mailing Address)		City	State	Zip Code	
Home Phone Number	Day Phone Number	Fax Number		Veteran Status	
( )	( )	( )		<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	
E-mail Address					<input type="checkbox"/> Service-connected disabled

**Household Information**

Do you file your taxes as head of household? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have a disability? <input type="checkbox"/> yes <input type="checkbox"/> no	Marital Status:
Ages of Dependents? Ages 0-5 _____ Ages 6-12 _____ Ages 13-18 _____ Ages 19+ _____ Total No. in Household _____	Please check box if you: Have received TANF in the last year? <input type="checkbox"/> Have received TANF in the last 2 years? <input type="checkbox"/> Are currently receiving TANF assistance? <input type="checkbox"/> Date started ____/____/____ Date ended ____/____/____ ESR Name _____	<input type="checkbox"/> Married SP (spouse present) <input type="checkbox"/> Married SNP (spouse <b>not</b> present) <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unmarried living with partner <input type="checkbox"/> Widowed

Education			
<input type="checkbox"/> Less than HS	<input type="checkbox"/> College BA/BS	<input type="checkbox"/> Some College	<input type="checkbox"/> Vocational
<input type="checkbox"/> HS/GED	<input type="checkbox"/> Graduate degree	<input type="checkbox"/> College AA/AS	<input type="checkbox"/> Other _____

Personal Monthly Gross Income	\$ _____	Personal Monthly Gross Income Breakdown	
Household Monthly Gross Income	\$ _____	Salary/Wages:	TANF/CalWorks:
Last Years Annual Gross Income	\$ _____	Self Emp Income:	Food Stamps:
How much did you save last year:	\$ _____	UnEmp Benefits:	GR/GA:
		Spousal Support:	SSI/SSR:
		Child Support:	Housing Assist.:
		Workman's Comp:	Disability:

**Employment Information**

Employment Status:	<input type="checkbox"/> FT Self Emp	<input type="checkbox"/> FT Emp	<input type="checkbox"/> Seasonal Emp	<input type="checkbox"/> Unemployed more than 6 mos
(FT ≥ 35 hours/week)	<input type="checkbox"/> PT Self Emp	<input type="checkbox"/> PT Emp	<input type="checkbox"/> Unemployed less than 6 mos	
Hourly Wage at Job:	\$ _____			

**Insurance Information**      **Business Information**

Do you have Health Insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you currently own a business? <input type="checkbox"/> yes <input type="checkbox"/> no
Type of Health Insurance: <input type="checkbox"/> Public <input type="checkbox"/> Spouse Employer <input type="checkbox"/> Employer <input type="checkbox"/> Private	Date Business Started: ____/____/____
Please describe the health insurance coverage for the household. <input type="checkbox"/> All members insured <input type="checkbox"/> Some members insured	Date Business Revenue Started: ____/____/____
<input type="checkbox"/> No members insured	If not operating a current business, did you in the past? <input type="checkbox"/> yes <input type="checkbox"/> no
	How long did you operate this business? _____

The information you provide is confidential and will not be released without your permission.  
Information is used for evaluation purposes and is required by our funders/ sponsors.







## AGREEMENT

If accepted into the Finger Lakes Trading Cooperative I agree to attend all required classes. I also understand that marketing on the Internet is time consuming and agree to dedicate myself to utilizing the tools given by this program.

In order to measure the success of the program I agree to provide information about my business on a regular basis. (This will include information on increased sales, employment numbers, etc.)

**I understand that the camera and laptop provided for my use are the property of Rural Opportunities, Inc. and are on loan for my use only during the months I am attending Internet classes. The camera and laptop are to be returned on or before the last night of the class.**

At the conclusion of the class it is my responsibility to obtain my own computer and camera. (Loans are available for those who qualify)

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

## CERTIFICATION & DISCLAIMERS

Please read the following certifications carefully and sign below. All company owners, officers, or partners must sign below. If you have any questions, call Rural Opportunities Enterprise Center, Inc. at (585) 340-3385.

1. I certify that this company does not deny services, employment, or membership to persons based on political preference, race, religion, age, gender, sexual preference, handicap, or marital status.
2. I hereby certify and affirm by my signature below that the information supplied as part of this application is complete and current to the best of my knowledge.
3. I certify that no principal who owns at least 50% of the voting interest of the company is delinquent more than 60 days under the terms of any (a) administrative order, (b) court order, or (c) repayment agreement that requires payment of child support.
4. I certify that ownership of the company is at least 51% by U.S. citizens or persons admitted to the U.S. for permanent residence.
5. I certify that Rural Opportunities, Inc. (ROI), Rural Opportunities Enterprise Center, Inc. (ROECI), nor any of its principal officers (including immediate family) hold any legal or financial interest or influence in the Borrower; neither the Borrower nor any of its principal officers (including immediate family) hold any legal or financial interest in ROI or ROECI.

**6. Technical Assistance Disclaimer**

ROECI may render technical assistance, directly or indirectly, to you based on information you provide, in connection with management systems, internal controls, marketing plans, business plans, financial projections and compilations. Such assistance and all statements made in connection therewith are for your internal use only, and are not to be used or communicated in any manner whatsoever to third parties without ROECI's express written consent.

ROECI is in no way responsible for your use of this information, and makes no warranties and representations in connection therewith except as expressly granted in writing.

You agree to indemnify and hold ROECI/ROI harmless in connection with the use or misuse of such information, documents, representations or writing.

:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

**Ethnicity:**

Hispanic or Latino\_\_\_

Not Hispanic or Latino\_\_\_

**Race:** (Mark one or more)

White\_\_\_ Black or African American\_\_\_

American Indian/Alaska Native\_\_\_ Asian\_\_\_

Native Hawaiian or Other Pacific Islander\_\_\_

**Gender:** Male\_\_\_ Female\_\_\_

*ROECI is an equal opportunity provider. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington, D.C. 20250-9410.*

Return signed application to:

Finger Lakes Trading Cooperative  
P.O. Box 75  
Retsof, New York 14539

Phone: 585-226-1623  
Fax: 585-243-9452  
Email:kenglish@ruralinc.org