

# 2017 ReVive Virginia Interest Form



## APPLICANT CONTACT INFORMATION

Name:

Name of Business:

Current Address:

City:

State:

ZIP Code:

Phone:

Email:

# of Employees:

Date business opened/ or plan to open:

## BUSINESS DETAILS

Describe your business and the products/services you sell:

Why would you like to move/start your business in downtown Virginia in this space?

What services will you need to get ready to open in this new space? (Business Planning, Financial Projections, Preparing for financing or marketing, etc.)

## BUILDING

Are you interested in assisting with renovations to the space?

YES  NO

If yes, what types of renovation projects are you prepared to assist with:

## AUTHORIZATION/ SIGNATURES

I authorize the information of this form to be shared with the Virginia Economic Development Authority and Revive Virginia.

Signature of Applicant:

Date:

PRINT FORM

EMAIL FORM

Completed forms can be printed and mailed to:  
REVIVE Virginia  
c/o UMD Center for Economic Development  
1001 West Chestnut Street  
Virginia MN 55792