

Applicant Personal Information

Please complete 1 sheet for each business owner

Owner # _____

*= required

***1. Business owners name (authorized signer for business):**

***2. Owners address**

a.) Home address

(Street) (Town) (Zip Code)

b.) Mailing address (if different)

(Street) (Town) (Zip Code)

***3. Business owners email address:**

***4. Business owners phone number**

Cell: _____ Landline: _____

***5. Conflict of interest**

a.) Are you or any member of your household a municipal Employee? Yes No

b.) Are you or any member of your household appointed or elected to any local offices or committees? Yes No

c.) Are you or any member of your household employed as a consultant or agent to the community? Yes No

d.) Are you or any member of your household employed by an agency that administers Community Development Block Grants in Athol or another community? Yes No

e.) If yes to any question above, what is your position: _____
Department: _____